Protecting Our Children from Lead:
The Success of New York's Efforts to Prevent Childhood Lead Poisoning

New York State
Department of Health

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Executive Summary

New York's efforts in the prevention and early detection of childhood lead poisoning are paying off. The incidence and prevalence of childhood lead poisoning are declining.

Childhood lead poisoning is a serious health problem that can have a devastating effect on a child, and has serious repercussions for society as a whole. Human interaction with lead in the environment is most dangerous for children under age six. Exposure to even small amounts of lead can contribute to behavior problems, learning disabilities, and lowered intelligence. Screening and prompt and effective intervention have been shown to prevent some of the more advanced effects of lead poisoning, such as seizures and severe kidney and nervous system damage.

In the four-year period (1996-99) covered by this report, New York has made significant progress in the prevention and early detection of childhood lead poisoning.

- ***The incidence and prevalence of childhood lead poisoning are declining.***

  The number of children newly identified with lead poisoning, meaning children with blood lead levels of 20 micrograms per deciliter or higher, has decreased by 46% over the four years studied, from 1,111 in 1996 to 601 in 1999. This represents a decrease in incidence from 55/1000 (0.55%) to 34/1000 (0.34%). Nearly every county had a decrease in the prevalence of childhood lead poisoning from 1996-1999.

  In 1999, the prevalence rate of children with levels of 10 micrograms per deciliter or greater was 5.8%. Over the four-year period studied, the prevalence rate decreased by 36%.

- ***New York's lead screening rate remains at a high level.***

  In 1998, seventy percent of children under age six enrolled in Medicaid managed care were screened for lead in New York State. Analysis of screening rates for children born between 1994 and 1997 under age two shows New York's screening rates have remained steady at approximately 61%. The screening rate for those children enrolled in Medicaid was higher than for the rate for the state as a whole.

  In high incidence communities, screening rates remain at a high level. Screening rates may be lower in some communities where providers know their patients live in newer housing and are at lower risk for lead poisoning.

- ***In 1996, 22 of the State's 1700 non-New York City zip codes had greater than a 10% incidence rate for children with blood lead levels over ten micrograms per deciliter. By 1999, there were only five non-New York City zip codes with incidence rates at 10% or higher.***

  Thirty percent (or 1,006) of the children under age six who were identified in 1999 with first time levels 10 micrograms per deciliter or higher lived in just 1.8% (or 26) of the state's zip codes.

  The children who were found to have blood lead readings of 10 micrograms per deciliter or higher were most likely to live in areas of high socioeconomic need and of poor housing. In 1999, data shows that these children were clustered mostly in urban areas, but children with elevated blood lead readings were found in virtually every county.

  Six zip codes had incidence of first-time elevated blood lead rates of 10 percent or higher in at least three of the four years between 1996 and 1999. They include 13204 and 13205 in Onondaga County; 14208, 14211 and 14212 in Erie County; and 12307 in Schenectady County. These six zip codes

accounted for 12.7% of the total number of children under age six identified for the first time with a confirmed blood lead level of 10 micrograms per deciliter or greater outside of New York City in 1999.

, ***New York City reported a similar decline in new childhood lead poisoning cases.***

The New York City Department of Health recently reported a similar decline in the incidence of childhood lead poisoning over the period from 1996 to 2000. *(See Appendix H for a copy of the report prepared by the New York City Department of Health.)*

The number of new cases of children ages six months to six years with elevated blood leads of ten micrograms per deciliter or higher declined from 14,109 cases in 1996 to 6,861 cases in 2000, a decline of 51% even as the number of New York City children tested increased. Due to differences in methodology of counting, these data cannot be directly compared to those figures for the rest of the State.

, ***New York State Department of Health's Childhood Lead Poisoning Prevention Program, in partnership with local health departments and the State's health care providers, are addressing this serious issue.***

The program, in partnership with local health departments and with the provider community:

- Coordinates efforts to prevent, detect and treat childhood lead poisoning;
- Educates the public and health professionals about prevention, early detection and appropriate treatment of childhood lead poisoning;
- Provides effective case management for children with elevated blood leads, including environmental assessment and lead hazard control;
- Ensures that families of children with lead poisoning are given appropriate advice and assistance in locating and eliminating sources of lead within the child's environment, whether in their home, a child care setting or wherever the child spends a significant amount of time;
- Collects and analyzes statewide data on the extent and severity of childhood lead poisoning;
- Assists pediatric care providers in the appropriate medical management of lead poisoning through the establishment of regional lead poisoning prevention resource centers; and
- In areas with a high number of cases, provides lead-safe interim housing for families of children who are being treated for lead poisoning while the lead hazards are being removed from their homes.

, ***Preventive environmental interventions aim to make New York's housing stock "lead safe."***

Working in concert with housing agencies, the Department provides several direct and indirect environmental interventions to identify sources of lead in the lead-poisoned child's environment, to eliminate possible sources of lead and to prevent further exposure of the child to residential lead paint hazards.

- Federal funding was obtained by the following localities to fund lead hazard control activities: New York City, Albany, Monroe County, Westchester County, Chautauqua County, Syracuse, Buffalo, and Utica.
- Local health departments expanded provision of environmental assessment to the homes of children with elevated blood lead levels at the 15 to 19 microgram per deciliter level. (Previously, only lead poisoned children with blood lead levels above 20 micrograms per

deciliter were visited.)

- All new child care facilities are assessed prior to licensure for presence of lead hazards.
- The Department and the Division of Housing and Community Renewal have partnered to ensure that 40,000 housing related staff (landlords, maintenance workers, remodeling contractors and painters) are trained to assist in lead hazard evaluation at Federally-assisted housing. It is expected this will impact 80,000 housing units involving $86 million in Federal funds annually.
- Seminars are provided for health and housing professionals to keep them abreast of new developments in the field.

, ***The Department is working to ensure that families, consumers and landlords are educated about lead hazards.***

The Department is using a variety of means to ensure an educated public, including radio scripts, videos, posters and mini-posters targeted toward parents. Informed parents are more likely to request lead screening and to make themselves aware of lead hazards in the home. $200,000 has been appropriated by the State to enhance current education efforts.

Sellers of residential property built before 1978 are required to supply buyers with a booklet regarding lead paint hazards from the Environmental Protection Agency. Landlords are also responsible for distributing this material to renters. Outreach and education on this regulation has been done to increase compliance.

The Healthy Neighborhoods Program provides preventive environmental health services to families in targeted geographic areas where children may be at greater risk for lead poisoning. The program provides assessment for the presence of lead paint hazards and other environmental hazards, ensures that children in the home are appropriately lead screened, and makes referrals if they have not. Over the four years between 1996 and 1999, 32,414 dwellings were assessed for lead hazards under the Healthy Neighborhoods Program.

Next Steps

Continued efforts to screen all children under age two and continued attention to areas with high incidence and prevalence of childhood lead poisoning are expected to result in continued declines in childhood lead poisoning.

The Department of Health plans several strategies to improve the public's knowledge of childhood lead poisoning prevention, to increase the number of children screened for elevated blood leads before age two and to implement prevention strategies to make New York's housing stock "lead safe" especially in the inner cities.

Building on considerable progress to date, next steps include:

, Governor Pataki has directed the Department to use Child Health Plus to ensure that children get screened.
, A "Dear Physician" letter will be issued by Commissioner Novello to all doctors in the State, alerting them of the requirements for universal blood lead screening of one- and two-year old children.
, Continued emphasis will be placed on universal screening of one- and two-year-olds, with a special emphasis on reaching young children in low income areas where there is very old housing.
, The Department will move to a secure internet-based reporting system that will provide improved access to program data and enable use of computer mapping technology to target screening and other interventions.
, Further research will be conducted into the reasons children are not being screened.
, Greater emphasis will be placed on assisting primary care providers,

including provider education and assistance with setting up in-office recall systems, similar or identical to those set up for immunization recall.

- The Department will continue support for local health departments to target clinical and environmental interventions to neighborhoods identified as having a high rate of children with elevated blood leads.
- The Department will increase the number of “lead-safe” housing units in the State through preventive environmental interventions like the Healthy Neighborhoods Project.
- There will be continued collaboration with an extensive network of state and local partners who are key to the success of the program.

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Chapter One.

Background and Purpose

Why is Lead a Problem

Childhood lead poisoning can have a devastating effect on the affected child and serious implications for society as a whole.

Lead is a common element that has no biologic function; the human body has no need or use for it. Human interaction with lead in the environment is most dangerous to children under age six, while their nervous systems are still forming. Young children are also at higher risk because they tend to put their hands and other objects in their mouths, thereby introducing lead dust into their system, and because their gastrointestinal systems absorb lead more efficiently than that of adults. Exposure to even small amounts of lead can contribute to behavior problems and learning disabilities, and has been shown to lower intelligence.

Screening and prompt and effective treatment for elevated blood lead has virtually eliminated deaths and poisoning severe enough to cause a condition called "lead encephalopathy," a condition that was quite common just 30 years ago. But even at low levels of lead poisoning, the presence of lead in the body can slow the growth of children, impede hearing, interfere with healthy formation of key components of blood, and cause direct damage to the kidneys and the nervous system.

Generally, unless children have a very high lead level, they may have either no symptoms or subtle developmental difficulties that may be interpreted as being within the acceptable range of child behavior. Blood lead screening identifies those children at risk.

Sources of Lead

The manufacture and sale of lead-based paint for residential use has been banned nationally since 1978, and lead has also been removed from gasoline. The most common source of lead exposure in children is lead-based paint that remains in older homes and dust created by the disintegration of surfaces painted with lead-based paint. Other sources that may contribute to the burden of lead in children are:

- Lead in soil from lead paint, gasoline or industry;
- Drinking water contaminated with lead from leaded solder, brass fittings or older lead service lines;
- Lead brought into the home by adults who work at occupations or hobbies that expose them to lead;
- Folk remedies that contain lead oxide (such as *greta*) and lead tetroxide (such as *azarcon*) which are used by some ethnic groups to treat common illnesses; and
- A number of household items such as crystal, fishing and curtain weights, pewter, plastic mini-blinds, candle wicks, imported crayons, antique toys and ceramic ware.

Challenges Putting New York Children at Risk

There are two major challenges for New York in addressing childhood lead poisoning: the age of the housing stock and the number of children living in poverty.

Poor children and children who live in older housing are at higher risk.

New York has the highest number of housing units built prior to 1950 in the nation. Of the 7,226,891 housing units in this state, 63.4% were built prior to 1960 and 46.9% were built prior to 1950. The federal Department of Housing and Urban Development has estimated that 75% of pre-1950 housing contains lead paint.

Lead poisoning can reach across all socioeconomic levels, but poor children tend to be at greater risk. More than 627,000 children under the age of six were eligible for Medicaid benefits during 1998. As a result of their economic standing, these children are more likely to live in older, deteriorating housing with lead paint hazards.

Recognizing and Addressing the Problem

There have been active Childhood Lead Poisoning Prevention Programs in New York State since the early 1970s. The program is presently funded with a grant from the Centers for Disease Control and Prevention, Federal block grant dollars, and funds from New York State and local municipalities.

New York State Department of Health's Childhood Lead Poisoning Prevention Program

The program, in partnership with Local Health Departments and with the provider community, strives to:

- Coordinate efforts to prevent, detect and treat childhood lead poisoning;
- Educate the public and health professionals about prevention, early detection and appropriate treatment of childhood lead poisoning;
- Provide effective coordination of care for children with elevated blood leads, including evironmental assessment and lead hazard control;
- Ensure that families of children with lead poisoning are given appropriate advice and assistance in locating and eliminating sources of lead within the child's environment, whether in their home, a child care setting or wherever the child spends a significant amount of time;
- Collect and analyze statewide data on the extent and severity of childhood lead poisoning;
- Assist pediatric care providers in the appropriate medical management of lead poisoning through the establishment of regional lead poisoning prevention resource centers; and
- Provide lead-safe interim housing for families of children who are being treated for lead poisoning while the lead hazards are being removed from their homes.

New York is a Universal Lead Screening State

New York is a universal lead screening state. The State's Public Health regulations require all health care providers to screen all one- and two-year-olds for elevated blood lead, preferably as a part of routine well child care. Additionally, pediatric health care providers must assess all children ages six months to six years for risk of high-dose exposure to lead and to provide lead screening if the child is at risk for high-dose exposure.

Providers are also required to:

- Provide parents with written documentation of blood lead testing;
- Provide risk reduction education and nutrition counseling to parents of children with blood lead levels of ten micrograms per deciliter or greater;
- Provide follow-up testing to children with blood lead levels of ten micrograms per deciliter or greater;
- Confirm fingerstick blood leads equal to or greater than 15 micrograms per deciliter with a venous sample;
- Provide a complete diagnostic evaluation and complete assessment of lead exposure, nutritional status, and development, with medical treatment as needed, for those children at 20 micrograms per deciliter or higher;
- Refer children with readings of 20 micrograms per deciliter or higher to local or state health units for environmental assessment and management; and
- Notify the local health department within 24 hours of a blood lead level result of 45 micrograms per deciliter or higher.

In addition, child care providers must, prior to or within three months of admission of any child over the age of one year, request proof of screening for that child.

The Purpose of this Report

The purpose of this report is to present current data on the scope of childhood lead poisoning in New York State and to outline current activities of the Department and its partners in monitoring, treating and preventing childhood lead poisoning. This report will also provide information about New York State laws related to the control of lead poisoning and information about the roles of the State and Local Health Departments and other agency partners.

The data presented in this report describe the level of screening for childhood lead poisoning accomplished in the State and provide information on the occurrence (incidence and prevalence) of elevated blood lead levels in New York's children for the years 1996-1999.

Definitions

In this discussion of lead poisoning data, it is helpful to know the definition of certain terms.

Tested - Testing is defined as any blood lead test performed on a child under six years of age.

Screened - A child is screened if his or her lead levels were tested in the year noted and he/she had not previously had an elevated test that was validated by a follow-up test.

Validated or***Confirmed –*** Elevated blood lead levels can be validated or confirmed by a single sample of blood taken directly from a vein (also called a "venous sample" or by two fingerstick-type samples (also called "capillary samples") when the elevated test results occurred within 12 weeks of each other.

Elevated – Test results are elevated if the confirmed blood lead level is found to be greater than or equal to 10 micrograms per deciliter (ug/dL).

Lead Poisoning - The current definition of lead poisoning in children less than six years of age is presence of a confirmed blood lead level equal to or greater than 20 micrograms lead per deciliter (ug/dL) of whole blood.

Incidence – Incidence is the proportion of all children screened in a given year who had a confirmed elevated blood lead level in that year. Only children who did not previously have an elevated blood lead level are included in this calculation. Incidence represents the new cases in the given year.

Prevalence – The prevalence is the proportion of all children tested in a given year who ever had a confirmed elevated blood level.

Data Sources

The data in this report were obtained from the Childhood Lead Poisoning Prevention Program for the years 1996-1999. New York State regulations (10NYCRR, Part 67-Subpart 3) require all laboratories to transmit reports of blood lead reports to the State Department of Health. Over 3.6 million reports have been received by the Department since this reporting began in February 1994. Each local health department collects additional demographic and program data including address, inspections, and housing abatement information.

These data were compiled by the State Health Department from the childhood lead databases of local health departments. Data from New York City is appended to this report. Data from Hamilton County is included only in summary format because the number of children in that county is too small to require use of the electronic data system. As a word of caution in use of the data presented here, data from this report should not be compared to earlier data released from the Department as definitions for some data elements have been changed.

Chapter Two.

The Scope of Childhood Lead Poisoning in New York State

Measuring Lead Screening

Screening is defined as any blood lead test performed on a child under six years of age who has never previously had an elevated blood lead test. The purpose of screening is to identify children with elevated levels. Once a child has a confirmed elevated lead level, their subsequent tests are not counted as screening tests again. Therefore, the pool of eligible children to be counted as having a screening test diminishes slightly as children are identified with elevated levels.

Screening Rate
Numerator = Number of children screened in the cohort before they reached age two.

Denominator = Number of children born in the given year (a birth "cohort").

To make valid comparisons from year to year, the number of children screened is converted to a rate. A screening rate is calculated for a "cohort" of children defined as all children who were born in the given year. Screening rates track the percent of children in the cohort who were screened at least once before they reached age two. That number is compared with the total number of children born in that year, then reported as a percentage.

Excluding NYC, the proportion of children in New York State who were screened for lead poisoning prior to age two remained stable among birth cohorts in 1994 (60%), 1995 (61%), 1996 (63%), and 1997 (62%).

Children born in 1994 were tested between 1994 and 1996, children born in 1995 were tested between 1995 and 1997, those born in 1996 were tested between 1996 and 1998, and those born in 1997 were tested between 1997 and 1999.

Tracking Screening Rates by County

Screening rates for blood lead by county for the 1994-1997 birth year cohorts are shown in *Table 1*.

To understand incidence and prevalence rates, a certain level of screening is necessary. In counties and zip codes with low population or where few children are screened, one or two cases of elevated blood lead will raise the incidence and prevalence rates, giving a false impression of the severity of the problem, because those few cases represent a relatively larger proportion of those screened. This is called "small numbers phenomenon."

Counties with large urban centers tend to have screening rates that are well above the state average. There are probably several reasons for this. First, these counties have had local childhood lead poisoning prevention programs a decade longer than other counties in the state, so there is a more established infrastructure for testing. Also, the urban areas in these counties often have higher numbers of children at risk of lead exposure, prompting health care providers to place a higher priority on ensuring that children in their care are tested.

***Table 1*. Percentage of Children Screened for Elevated Blood Lead Levels by County, by Age 24 months, by birth cohort**
New York State, Excluding New York City

Year	1994 Birth Cohort			1995 Birth Cohort			1996 Birth Cohort			1997 Birth Cohort		
	Scrnd*	Births	%	Scrnd*	Births	%	Scrnd*	Births	%	Scrnd	Births	%
NYS, exc. NYC	**89,044**	**148,618**	**60%**	**88,061**	**144,879**	**61%**	**87,928**	**140,661**	**63%**	**84,96**	**138,07**	**62%**
Albany	2,176	3,539	61%	2,023	3,530	57%	1,977	3,307	60%	1,935	3,276	59%
Allegany	285	608	47%	228	594	38%	295	581	51%	208	560	37%
Broome	1,306	2,474	53%	1,261	2,501	50%	1,145	2,258	51%	1,078	2,201	49%
Cattaraugus	748	1,100	68%	575	1,062	54%	576	1,109	52%	592	1,046	57%
Cayuga	657	1,016	65%	678	1,008	67%	678	991	68%	778	933	83%
Chautauqua	907	1,756	52%	870	1,659	52%	880	1,689	52%	934	1,624	58%
Chemung	435	1,156	38%	452	1,146	39%	442	1,078	41%	442	1,037	43%
Chenango	428	687	62%	380	617	62%	397	621	64%	386	609	63%
Clinton	577	1,054	55%	569	951	60%	613	891	69%	509	795	64%
Columbia	327	726	45%	406	731	56%	394	670	59%	330	664	50%
Cortland	435	655	66%	417	631	66%	421	583	72%	408	562	73%
Delaware	412	536	77%	357	466	77%	320	454	70%	334	491	68%
Dutchess	1,976	3,452	57%	2,035	3,451	59%	2,222	3,348	66%	2,020	3,399	59%
Erie	9,867	12,850	77%	9,048	12,364	73%	9,190	12,031	76%	8,767	11,635	75%
Essex	206	459	45%	168	429	39%	203	413	49%	183	391	47%
Franklin	283	615	46%	298	581	51%	290	510	57%	185	465	40%
Fulton	409	701	58%	375	654	57%	397	641	62%	404	626	65%
Genesee	335	859	39%	356	782	46%	369	753	49%	357	755	47%
Greene	204	542	38%	304	518	59%	322	499	65%	277	491	56%
Hamilton	19	41	46%	36	54	67%	13	43	30%	9	46	20%
Herkimer	516	820	63%	488	754	65%	456	704	65%	450	700	64%
Jefferson	1,304	1,910	68%	1,372	1,882	73%	1,248	1,793	70%	1,139	1,734	66%
Lewis	211	382	55%	168	367	46%	213	369	58%	236	336	70%
Livingston	398	734	54%	379	706	54%	385	712	54%	377	706	53%
Madison	516	897	58%	500	885	56%	544	858	63%	486	826	59%
Monroe	7,434	10,500	71%	7,486	10,010	75%	7,038	9,669	73%	6,738	9,622	70%
Montgomery	245	672	36%	242	614	39%	240	575	42%	303	594	51%
Nassau	9,425	17,903	53%	10,500	18,084	58%	11,392	17,722	64%	11,069	17,100	65%
Niagara	1,877	2,909	65%	1,824	2,807	65%	1,879	2,744	68%	1,775	2,641	67%
Oneida	1,677	3,134	54%	1,671	2,881	58%	1,741	2,702	64%	1,729	2,702	64%
Onondaga	5,103	6,752	76%	4,920	6,478	76%	4,855	6,283	77%	4,821	5,972	81%
Ontario	704	1,275	55%	742	1,293	57%	652	1,146	57%	637	1,180	54%
Orange	2,065	5,030	41%	2,265	4,914	46%	2,416	4,893	49%	2,215	4,869	45%
Orleans	360	578	62%	384	575	67%	324	526	62%	367	550	67%
Oswego	1,166	1,721	68%	1,149	1,614	71%	1,080	1,509	72%	1,086	1,445	75%
Otsego	589	662	89%	547	645	85%	453	549	83%	454	586	77%
Putnam	757	1,275	59%	691	1,218	57%	765	1,282	60%	739	1,227	60%
Rensselaer	1,322	2,018	66%	1,224	1,956	63%	1,243	1,945	64%	1,164	1,784	65%
Rockland	1,682	4,279	39%	2,192	4,168	53%	2,266	4,239	53%	2,411	4,341	56%
Saratoga	1,361	2,619	52%	1,394	2,561	54%	1,436	2,523	57%	1,223	2,405	51%
Schenectady	1,305	2,035	64%	1,256	1,962	64%	1,064	1,777	60%	1,003	1,750	57%
Schoharie	222	379	59%	184	334	55%	206	364	57%	171	341	50%
Schuyler	133	248	54%	119	237	50%	93	206	45%	83	205	40%
Seneca	213	397	54%	250	392	64%	204	395	52%	180	374	48%
St. Lawrence	753	1,335	56%	797	1,266	63%	700	1,242	56%	554	1,181	47%

Steuben	500	1,346	37%	513	1,257	41%	330	1,136	29%	366	1,186	31%

***Table 1*. Percentage of Children Screened for Elevated Blood Lead Levels by County by Age 24 months New York State, Exclusive of New York City** *(Continued)*

Year	**1994 Birth Cohort**			**1995 Birth Cohort**			**1996 Birth Cohort**			**1997 Birth Cohort**		
	Scrnd*	**Births**	**%**	**Scrnd***	**Births**	**%**	**Scrnd***	**Births**	**%**	**Scrnd**	**Births**	**%**
NYS, exc. NYC	**89,044**	**148,618**	**60%**	**88,061**	**144,879**	**61%**	**87,928**	**140,661**	**63%**	**84,96**	**138,07**	**62%**
Suffolk	10,098	20,502	49%	10,109	20,302	50%	10,070	19,953	50%	9,799	19,862	62%
Sullivan	391	972	40%	377	870	43%	417	839	50%	433	839	52%
Tioga	299	667	45%	269	632	43%	233	630	37%	328	642	51%
Tompkins	821	1,035	79%	608	922	66%	552	851	65%	561	857	65%
Ulster	963	2,143	45%	1,021	2,085	49%	1,117	1,976	57%	1,075	1,922	56%
Warren	430	788	55%	373	724	52%	406	673	60%	381	689	55%
Washington	422	719	59%	446	726	61%	379	695	55%	355	610	58%
Wayne	592	1,329	45%	640	1,248	51%	624	1,217	51%	594	1,261	47%
Westchester	10,797	13,002	83%	9,706	12,980	75%	9,329	12,696	73%	9,152	12,655	72%
Wyoming	193	509	38%	206	488	42%	237	471	50%	208	443	47%
Yates	208	316	66%	213	313	68%	197	327	60%	164	331	50%

*Scrnd: Screened

Prevalence of Elevated Blood Level

Prevalence data are gathered to understand how many children in the population in a given year have ever had elevated blood lead levels. Prevalence is the proportion of all children under 6 years of age tested (includes screening, confirming, and follow-up tests) for blood lead level in a given year who had an elevated blood lead level during that year or a prior year. Many of these children who had a high level in the past and continue to be monitored do not currently have an elevated blood lead level. This measure, then, reflects current and past-elevated levels of blood lead in the population.

Prevalence Rate

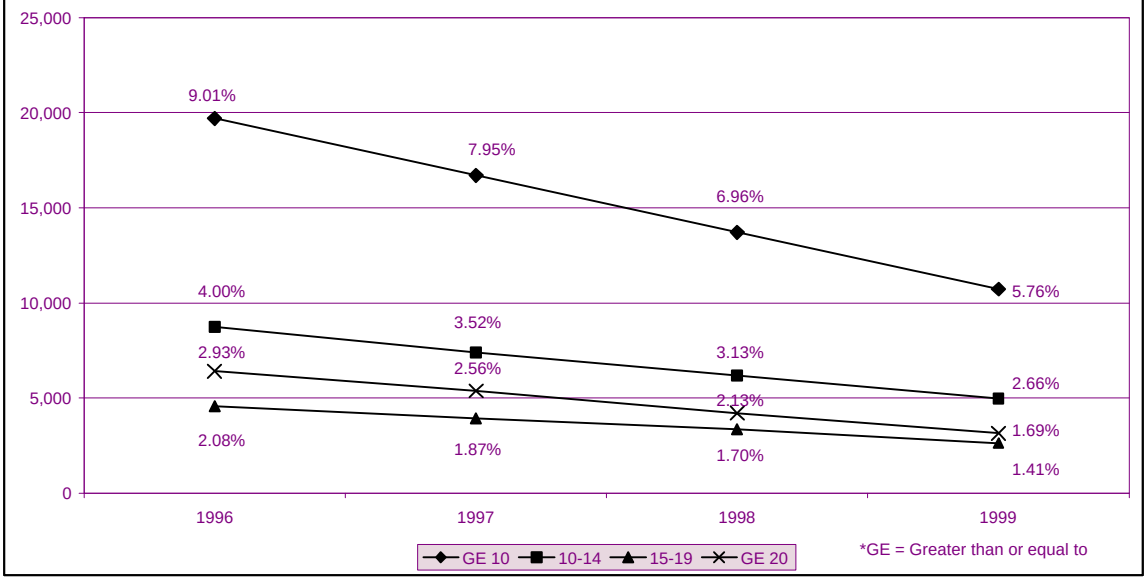
Numerator = Children under age 6 tested in a given year with a confirmed elevated blood lead level of (greater than or equal to ten mircrograms per deciliter) in that year or in previous years.

Denominator = All children under age 6 tested (any test) in that year, multiplied by 100 to yield results in percent form.

Nationally, prevalence is the most commonly used measure of blood lead elevations. The measure is different from measures of incidence, which assess the occurrence of new cases. Prevalence rates are higher than incidence rates because they include children with elevated levels from prior years who are still receiving monitoring tests. The Centers for Disease Control and Prevention have reported prevalence of elevated blood leads in the nation as a whole for the years 1996 as 6.4%, for 1997 as 5.6%, and for 1998 as 4.8%.

In 1999, the prevalence rate of New York children outside New York City with elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) was 5.8%. Over a four-year period from 1996 to 1999, the prevalence rate decreased by 36% with nearly every county showing a decrease. Figure 1 shows the number and percentage of children at each point with confirmed elevation that year or any prior year.

Figure 1
Trends in Prevalence of Blood Elevations among Children < 6 Years Tested With a Confirmed Elevation in That Year or any Prior Year
New York State Excluding New York City
1996-1999



Prevalence Rates of Elevated Blood Leads by County

Table 2 shows the prevalence rates and number of children with elevated blood lead levels by county for 1996, 1997, 1998, and 1999. Columns display the number and percentage of children whose blood leads were between ten and 19 micrograms per deciliter(blood lead elevation), and 20 micrograms per deciliter or higher(lead poisoning).

Table 2. **Prevalence Rates of Children Under Age 6 with Elevated Blood Lead Levels, 10-19 Fg/dL, and Lead Poisoning, $20 Fg/dL, by County, 1996-1999 By Year of Test, New York State, excluding New York City**

County	1996			1997			1998			1999		
	# Tested	#10-19 (%)	#$20 (%)	# Tested	#10-19 (%)	#$20 (%)	# Tested	#10-19 (%)	#$20 (%)	# Tested	#10-19 (%)	#$20 (%)
Albany	4,825	502(10.4%)	288(6.0%)	4,390	387(8.8%)	227(5.2%)	4,055	266 (6.6%)	180 (4.4%)	3,755	214(5.7%)	124(3.3%)
Allegany	396	12(3.0%)	6(1.5%)	623	12(1.9%)	9(1.4%)	427	16 (3.7%)	7 (1.6%)	492	17(3.5%)	3(0.6%)
Broome	2,482	120(4.8%)	31(1.2%)	2,283	92(4.0%)	34(1.5%)	2,162	84 (3.9%)	25 (1.2%)	1,932	80(4.1%)	18(0.9%)
Cattaraugus	1,500	66(4.4%)	22(1.5%)	1,428	41(2.9%)	12(0.8%)	1,352	47 (3.5%)	13 (1.0%)	1,406	35(2.5%)	8(0.6%)
Cayuga	1,389	75(5.4%)	46(3.3%)	1,406	93(6.6%)	49(3.5%)	1,512	61 (4.0%)	34 (2.2%)	1,575	57(3.6%)	19(1.2%)
Chautauqua	2,843	169(5.9%)	59(2.1%)	2,658	171(6.4%)	50(1.9%)	2,536	149 (5.9%)	41 (1.6%)	2,563	112(4.4%)	45(1.8%)
Chemung	1,054	104(9.9%)	65(6.2%)	919	70(7.6%)	61(6.6%)	868	69 (7.9%)	54 (6.2%)	1,039	58(5.6%)	44(4.2%)
Chenango	1,017	59(5.8%)	20(2.0%)	823	46(5.6%)	14(1.7%)	775	33 (4.3%)	12 (1.5%)	814	27(3.3%)	6(0.7%)
Clinton	1,140	45(3.9%)	15(1.3%)	1,322	53(4.0%)	6(0.5%)	947	35 (3.7%)	3 (0.3%)	917	27(2.9%)	6(0.7%)
Columbia	952	103(10.8%)	33(3.5%)	885	101(11.4%)	32(3.6%)	756	71 (9.4%)	37 (4.9%)	629	64(10.2%)	24(3.8%)
Cortland	934	61(6.5%)	21(2.2%)	866	49(5.7%)	17(2.0%)	834	43 (5.2%)	17 (2.0%)	835	33(4.0%)	13(1.6%)
Delaware	775	56(7.2%)	22(2.8%)	677	52(7.7%)	15(2.2%)	625	40 (6.4%)	11 (1.8%)	605	42(6.9%)	10(1.7%)
Dutchess	4,350	184(4.2%)	97(2.2%)	5,344	208(3.9%)	103(1.9%)	4,132	172 (4.2%)	69 (1.7%)	3,773	102(2.7%)	28(0.7%)
Erie	23,740	2,538(10.7%	1,313	22,337	2,077(9.3%)	1,092	21,151	1,774 (8.4%)	835 (3.9%)	18,576	1,409(7.6%)	609(3.3%)
Essex	373	22(5.9%)	1(0.3%)	355	18(5.1%)	2(0.6%)	369	18 (4.9%)	7 (1.9%)	416	16(3.8%)	8(1.9%)
Franklin	854	25(2.9%)	16(1.9%)	716	21(2.9%)	10(1.4%)	436	9 (2.1%)	12 (2.8%)	372	7(1.9%)	8(2.2%)
Fulton	954	109(11.4%)	44(4.6%)	856	94(11.0%)	51(6.0%)	890	87 (9.8%)	38 (4.3%)	825	76(9.2%)	32(3.9%)
Genesee	766	30(3.9%)	7(0.9%)	832	40(4.8%)	16(1.9%)	725	26 (3.6%)	12 (1.7%)	658	18(2.7%)	8(1.2%)
Greene	764	79(10.3%)	25(3.3%)	819	66(8.1%)	20(2.4%)	569	43 (7.6%)	15 (2.6%)	563	28(5.0%)	13(2.3%)
Hamilton	70	1(1.4%)	0(0.0%)	68	2(2.9%)	0(0.0%)	34	2 (5.9%)	1 (2.9%)	22	0(0.0%)	0(0.0%)
Herkimer	1,688	176(10.4%)	43(2.5%)	1,490	126(8.5%)	36(2.4%)	1,359	106 (7.8%)	33 (2.4%)	1,186	80(6.7%)	30(2.5%)
Jefferson	2,942	166(5.6%)	49(1.7%)	2,691	128(4.8%)	45(1.7%)	2,195	88 (4.0%)	39 (1.8%)	2,021	72(3.6%)	27(1.3%)
Lewis	401	36(9.0%)	17(4.2%)	411	26(6.3%)	14(3.4%)	452	30 (6.6%)	7 (1.5%)	362	21(5.8%)	8(2.2%)
Livingston	817	34(4.2%)	9(1.1%)	718	35(4.9%)	7(1.0%)	700	29 (4.1%)	7 (1.0%)	664	28(4.2%)	5(0.8%)
Madison	1,120	59(5.3%)	12(1.1%)	1,142	50(4.4%)	13(1.1%)	1,006	37 (3.7%)	9 (0.9%)	1,112	49(4.4%)	6(0.5%)
Monroe	19,429	2,125(10.9%	1,471	17,147	1,735(10.1%	1,108	15,196	1,393 (9.2%)	820 (5.4%)	14,085	1,114(7.9%)	591(4.2%)
Montgomery	367	42(11.4%)	15(4.1%)	537	52(9.7%)	22(4.1%)	721	59 (8.2%)	23 (3.2%)	816	61(7.5%)	28(3.4%)
Nassau	27,828	575(2.1%)	197(0.7%)	29,299	470(1.6%)	154(0.5%)	29,385	353 (1.2%)	128 (0.4%)	27,925	327(1.2%)	107(0.4%)
Niagara	4,538	256(5.6%)	76(1.7%)	4,372	209(4.8%)	61(1.4%)	3,791	167 (4.4%)	59 (1.6%)	3,419	133(3.9%)	43(1.3%)
Oneida	4,374	514(11.8%)	250(5.7%)	4,303	431(10.0%)	207(4.8%)	4,109	397 (9.7%)	168 (4.1%)	3,631	314(8.6%)	132(3.6%)
Onondaga	12,208	1,228(10.1%	583(4.8%)	10,995	1,201(10.9%	513(4.7%)	10,888	1,058 (9.7%)	411 (3.8%)	10,143	963(9.5%)	346(3.4%)

Table 2. **Prevalence Rates of Children Under Age 6 with Elevated Blood Lead Levels, 10-19 Fg/dL, and Lead Poisoning, $20 Fg/dL, by County, 1996-1999 By Year of Test, New York State, excluding New York City *(Continued)***

County	1996			1997			1998			1999		
	# Tested	#10-19 (%)	# $20 (%)	# Tested	#10-19 (%)	# $20 (%)	# Tested	#10-19 (%)	# $20 (%)	# Tested	#10-19(%)	# $20 (%)
Ontario	1,579	79(5.0%)	29(1.8%)	1,455	82(5.6%)	21(1.4%)	1,148	67 (5.8%)	20(1.7%)	1,218	43(3.5%)	12(1.0%)
Orange	5,477	550(10.0%)	380(6.9%)	6,916	524(7.6%)	371(5.4%)	5,548	396 (7.1%)	272(4.9%)	4,881	260(5.3%)	182(3.7%)
Orleans	951	65(6.8%)	22(2.3%)	799	57(7.1%)	12(1.5%)	788	39 (4.9%)	10(1.3%)	663	33(5.0%)	9(1.4%)
Oswego	2,419	120(5.0%)	31(1.3%)	2,128	74(3.5%)	23(1.1%)	2,118	71 (3.4%)	14(0.7%)	1,964	72(3.7%)	16(0.8%)
Otsego	848	28(3.3%)	12(1.4%)	832	49(5.9%)	12(1.4%)	893	45 (5.0%)	18(2.0%)	932	45(4.8%)	17(1.8%)
Putnam	1,539	27(1.8%)	10(0.6%)	1,446	28(1.9%)	7(0.5%)	1,567	20 (1.3%)	4(0.3%)	1,273	17(1.3%)	6(0.5%)
Rensselaer	2,364	203(8.6%)	75(3.2%)	2,311	142(6.1%)	69(3.0%)	2,298	130 (5.7%)	67(2.9%)	2,013	104(5.2%)	46(2.3%)
Rockland	5,093	140(2.7%)	41(0.8%)	5,485	115(2.1%)	44(0.8%)	5,121	95 (1.9%)	25(0.5%)	4,996	66(1.3%)	19(0.4%)
Saratoga	2,397	88(3.7%)	24(1.0%)	2,339	70(3.0%)	24(1.0%)	1,993	63 (3.2%)	24(1.2%)	1,952	45(2.3%)	14(0.7%)
Schenectady	2,883	272(9.4%)	106(3.7%)	2,224	200(9.0%)	86(3.9%)	1,997	160 (8.0%)	57(2.9%)	1,853	102(5.5%)	40(2.2%)
Schoharie	273	25(9.2%)	5(1.8%)	326	25(7.7%)	9(2.8%)	311	20 (6.4%)	10(3.2%)	334	18(5.4%)	6(1.8%)
Schuyler	316	24(7.6%)	6(1.9%)	222	16(7.2%)	3(1.4%)	228	16 (7.0%)	7(3.1%)	260	21(8.1%)	6(2.3%)
Seneca	560	28(5.0%)	7(1.3%)	400	27(6.8%)	8(2.0%)	368	23 (6.3%)	9(2.4%)	369	15(4.1%)	7(1.9%)
St. Lawrence	1,741	67(3.8%)	37(2.1%)	1,435	61(4.3%)	26(1.8%)	1,041	54 (5.2%)	18(1.7%)	1,021	37(3.6%)	18(1.8%)
Steuben	1,190	123(10.3%)	29(2.4%)	722	62(8.6%)	19(2.6%)	719	57 (7.9%)	20(2.8%)	1,313	58(4.4%)	14(1.1%)
Suffolk	24,204	346(1.4%)	76(0.3%)	23,013	294(1.3%)	87(0.4%)	21,771	290 (1.3%)	64(0.3%)	21,497	161(0.7%)	45(0.2%)
Sullivan	1,029	36(3.5%)	16(1.6%)	989	30(3.0%)	8(0.8%)	934	28 (3.0%)	8(0.9%)	901	29(3.2%)	6(0.7%)
Tioga	681	37(5.4%)	16(2.3%)	513	28(5.5%)	12(2.3%)	634	22 (3.5%)	9(1.4%)	560	27(4.8%)	5(0.9%)
Tompkins	1,293	19(1.5%)	4(0.3%)	880	15(1.7%)	4(0.5%)	1,182	17 (1.4%)	6(0.5%)	1,033	14(1.4%)	3(0.3%)
Ulster	2,504	142(5.7%)	84(3.4%)	2,669	152(5.7%)	74(2.8%)	2,387	113 (4.7%)	59(2.5%)	2,095	82(3.9%)	46(2.2%)
Warren	539	26(4.8%)	12(2.2%)	683	43(6.3%)	10(1.5%)	673	42 (6.2%)	11(1.6%)	590	40(6.8%)	13(2.2%)
Washington	900	102(11.3%)	55(6.1%)	766	86(11.2%)	43(5.6%)	670	88 (13.1%)	35(5.2%)	692	69(10.0%)	32(4.6%)
Wayne	1,389	55(4.0%)	25(1.8%)	1,346	59(4.4%)	16(1.2%)	1,145	61 (5.3%)	17(1.5%)	1,227	50(4.1%)	14(1.1%)
Westcheste	28,456	1,074(3.8%)	419(1.5%)	26,507	900(3.4%)	354(1.3%)	25,626	786 (3.1%)	269(1.0%)	24,497	559(2.3%)	200(0.8%)
Wyoming	513	18(3.5%)	8(1.6%)	479	14(2.9%)	14(2.9%)	425	12 (2.8%)	9(2.1%)	323	8(2.5%)	3(0.9%)
Yates	480	27(5.6%)	15(3.1%)	421	24(5.7%)	12(2.9%)	378	21 (5.6%)	13(3.4%)	369	24(6.5%)	6(1.6%)
Total	**218,508**	**13,292(6.1**	**6,397(2.9**	**210,018**	**11,333(5.4**	**5,368(2.6**	**196,920**	**9,498**	**4,202(2.1%)**	**185,957**	**7,583(4.1**	**3,134(1.7**

*****The prevalence rate is the proportion of all children under 6 years of age who are tested (screening, confirming, or follow-up) in a given year who had a confirmed blood lead level greater or equal to 10 micrograms per deciliter in the current or prior years.

Incidence of Elevated Blood Lead Level

For this report, incidence of elevated blood lead level is defined as the proportion of all children screened under six years of age in a given year who had a confirmed elevated blood lead level for the first time in their life during the year. If the population being screened and the rate of screening are relatively constant, incidence rates can be used as a measure to determine if the problem is increasing or decreasing.

Incidence Rate

Numerator = Children under age 6 who had a confirmed elevated blood lead level (ten micrograms per deciliter or greater) for the first time in that year.

In New York State excluding New York City for the year 1999, the incidence rate of children with elevated blood lead levels of ten micrograms per deciliter or greater was 1.9 percent. Over a four-year period from 1996-1999, the incidence rate decreased by 37 percent. Figure 2 is a trend graph that shows the number and percent (incidence rate) of children at each point with confirmed elevation that year.

Denominator = All children with no history of elevated blood levels under age 6 screened that year, multiplied by 100 to yield results in percent form.

The incidence rates of children with elevated blood lead levels and lead poisoning by county for the years 1996 through 1999 is provided in the Table 3. The number of children under six years of age newly identified s lead poisoned (20 ug/dl) decreased from 1,111 in 1996 to 601 in 1999 a decrease of 46%. The number of children under six years of age identified for the first time with an elevated blood between 10 and 20 micrograms per deciliter decreased by 45% from 4,985 in 1996 to 2,776 in 1999.

Figure 2
Trends in Incidence of Blood Lead Elevation Among Children < 6 Years Screened by Highest Confirmed Level in the Year New York State Excluding New York City, 1996-1999

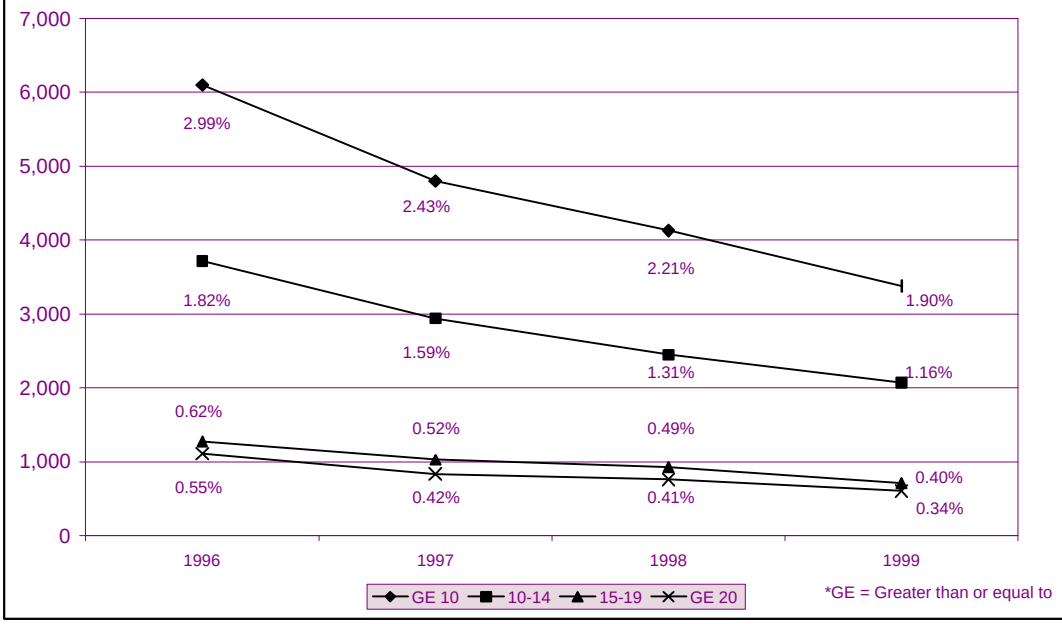


Table 3. **Incidence Rates of Children Under Age 6 with Elevated Blood Lead Levels, 10-19 Fg/dL, and Lead Poisoning, $20 Fg/dL by County, 1996-1999 By Year of Test, New York State, excluding New York City**

County	1996			1997			1998			1999		
	# Scrnd	#10-19 (%)	#$20 (%)	# Scrnd	#10-19 (%)	#$20 (%)	# Scrnd	#10-19 (%)	#$20 (%)	# Scrnd	#10-19 (%)	#$20 (%)
Albany	4,212	191(4.5%)	36(0.9%)	3,910	111(2.8%)	43(1.1%)	3,715	95 (2.6%)	42(1.1%)	3,519	86(2.4%)	24(0.7%)
Allegany	387	10(2.6%)	3(0.8%)	603	4(0.7%)	3(0.5%)	408	8 (2.0%)	1(0.2%)	477	11(2.3%)	1(0.2%)
Broome	2,396	62(2.6%)	8(0.3%)	2,191	30(1.4%)	11(0.5%)	2,099	46 (2.2%)	3(0.1%)	1,891	48(2.5%)	7(0.4%)
Cattaraugus	1,433	26(1.8%)	4(0.3%)	1,387	16(1.2%)	1(0.1%)	1,309	25 (1.9%)	5(0.4%)	1,373	16(1.2%)	0(0.0%)
Cayuga	1,310	42(3.2%)	9(0.7%)	1,315	53(4.0%)	17(1.3%)	1,437	22 (1.5%)	4(0.3%)	1,522	21(1.4%)	7(0.5%)
Chautauqua	2,664	76(2.9%)	12(0.5%)	2,460	62(2.5%)	8(0.3%)	2,385	56 (2.3%)	8(0.3%)	2,436	38(1.6%)	14(0.6%)
Chemung	936	47(5.0%)	12(1.3%)	821	26(3.2%)	14(1.7%)	786	31 (3.9%)	10(1.3%)	965	21(2.2%)	5(0.5%)
Chenango	972	39(4.0%)	5(0.5%)	790	24(3.0%)	3(0.4%)	745	13 (1.7%)	3(0.4%)	797	14(1.8%)	2(0.3%)
Clinton	1,111	26(2.3)%	6(0.5%)	1,285	20(1.6%)	2(0.2%)	919	11 (1.2%)	2(0.2%)	896	10(1.1%)	3(0.3%)
Columbia	872	56(6.4%)	5(0.6%)	805	52(6.5%)	10(1.2%)	679	25 (3.7%)	11(1.6%)	568	28(4.9%)	2(0.4%)
Cortland	870	27(3.1%)	3(0.3%)	827	21(2.5%)	5(0.6%)	805	23 (2.9%)	8(1.0%)	801	13(1.6%)	3(0.4%)
Delaware	731	28(3.8%)	10(1.4%)	628	21(3.3%)	1(0.2%)	581	9 (1.5%)	1(0.2%)	571	19(3.3%)	2(0.4%)
Dutchess	4,169	99(2.4%)	18(0.4%)	5,118	92(1.8%)	20(0.4%)	3,965	76 (1.9%)	14(0.4%)	3,690	56(1.5%)	5(0.1%)
Erie	20,639	683(3.3%)	200(1.0%)	19,768	608(3.1%)	146(0.7%)	19,036	481 (2.5%)	111(0.6%)	17,005	437(2.6%)	94(0.6%)
Essex	358	8(2.2%)	0(0.0%)	345	10(2.9%)	1(0.3%)	347	7 (2.0%)	3(0.9%)	401	11(2.7%)	2(0.5%)
Franklin	823	11(1.3%)	3(0.4%)	692	12(1.7%)	1(0.1%)	411	3 (0.7%)	3(0.7%)	359	3(0.8%)	1(0.3%)
Fulton	858	47(5.5%)	11(1.3%)	764	48(6.3%)	11(1.4%)	813	45 (5.5%)	4(0.5%)	765	40(5.2%)	10(1.3%)
Genesee	745	19(2.6%)	4(0.5%)	810	26(3.2%)	8(1.0%)	703	14 (2.0%)	3(0.4%)	635	7(1.1%)	0(0.0%)
Greene	705	44(6.2%)	7(1.0%)	757	28(3.7%)	3(0.4%)	525	14 (2.7%)	3(0.6%)	533	15(2.8%)	4(0.8%)
Hamilton	70	1(1.4%)	0(0.0%)	68	2(2.9%)	0(0.0%)	34	2 (5.9%)	1(2.9%)	22	0(0.0%)	0(0.0%)
Herkimer	1,520	51(3.4%)	7(0.5%)	1,359	29(2.1%)	6(0.4%)	1,259	32 (2.5%)	5(0.4%)	1,105	18(1.6%)	5(0.5%)
Jefferson	2,799	52(1.9%)	15(0.5%)	2,556	39(1.5%)	4(0.2%)	2,106	32 (1.5%)	7(0.3%)	1,954	26(1.3%)	6(0.3%)
Lewis	359	8(2.2%)	4(1.1%)	378	9(2.4%)	2(0.5%)	432	15 (3.5%)	0(0.0%)	348	9(2.6%)	4(1.1%)
Livingston	789	16(2.0%)	2(0.3%)	691	15(2.2%)	1(0.1%)	679	16 (2.4%)	2(0.3%)	641	10(1.6%)	0(0.0%)
Madison	1,068	20(1.9%)	4(0.4%)	1,091	16(1.5%)	1(0.1%)	966	11 (1.1%)	0(0.0%)	1,082	24(2.2%)	3(0.3%)
Monroe	16,378	554(3.4%)	187(1.1%)	14,712	426(2.9%)	102(0.7%)	13,370	348 (2.6%)	120(0.9%)	12,690	308(2.4%)	97(0.8%)
Montgomery	346	26(7.5%)	11(3.2%)	492	25(5.1%)	5(1.0%)	669	25 (3.7%)	6(0.9%)	760	30(3.9%)	6(0.8%)
Nassau	27,299	278(1.0%)	50(0.2%)	28,834	192(0.7%)	33(0.1%)	29,031	126 (0.4%)	40(0.1%)	27,612	122(0.4%)	22(0.1%)
Niagara	4,281	88(2.1%)	19(0.4%)	4,171	74(1.8%)	7(0.2%)	3,624	57 (1.6%)	13(0.4%)	3,295	50(1.5%)	7(0.2%)
Oneida	3,826	214(5.6%)	48(1.3%)	3,798	133(3.5%)	31(0.8%)	3,728	170 (4.6%)	31(0.8%)	3,313	126(3.8%)	20(0.6%)
Onondaga	10,821	481(4.4%)	88(0.8%)	9,651	400(4.1%)	77(0.8%)	9,734	324 (3.3%)	66(0.7%)	9,139	311(3.4%)	60(0.7%)

Table 3. **Incidence Rates of Children Under Age 6 with Elevated Blood Lead Levels, 10-19 Fg/dL, and Lead Poisoning , $20 Fg/dL, by County, 1996-1999 By Year of Test, New York State, excluding New York City *(Continued)***

County	1996			1997			1998			1999		
	# Scrnd	#10-19 (%)	# $20 (%)	# Scrnd	#10-19 (%)	# $20 (%)	# Scrnd	#10-19 (%)	# $20 (%)	# Scrnd	#10-19 (%)	# $20 (%)
Ontario	1,514	39(2.6%)	9(0.6%)	1,382	33(2.4%)	1(0.1%)	1,095	28 (2.6%)	6(0.5%)	1,184	19(1.6%)	2(0.2%)
Orange	4,774	200(4.2%)	55(1.2%)	6,250	172(2.8%)	48(0.8%)	5,042	128 (2.5%)	25(0.5%)	4,550	82(1.8%)	27(0.6%)
Orleans	884	20(2.3%)	2(0.2%)	751	22(2.9%)	2(0.3%)	756	15 (2.0%)	4(0.5%)	641	16(2.5%)	5(0.8%)
Oswego	2,321	58(2.5%)	5(0.2%)	2,055	26(1.3%)	4(0.2%)	2,070	36 (1.7%)	5(0.2%)	1,913	28(1.5%)	5(0.3%)
Otsego	831	18(2.2%)	6(0.7%)	791	27(3.4%)	2(0.3%)	843	11 (1.3%)	5(0.6%)	892	23(2.6%)	1(0.1%)
Putnam	1,517	12(0.8%)	4(0.3%)	1,422	11(0.8%)	1(0.1%)	1,553	11 (0.7%)	1(0.1%)	1,261	9(0.7%)	3(0.2%)
Rensselaer	2,190	101(4.6%)	20(0.9%)	2,193	76(3.5%)	21(1.0%)	2,178	71 (3.3%)	17(0.8%)	1,914	51(2.7%)	13(0.7%)
Rockland	5,010	94(1.9%)	19(0.4%)	5,377	59(1.1%)	12(0.2%)	5,042	47 (0.9%)	5(0.1%)	4,949	36(0.7%)	9(0.2%)
Saratoga	2,330	45(1.9%)	7(0.3%)	2,286	38(1.7%)	13(0.6%)	1,933	30 (1.6%)	5(0.3%)	1,917	20(1.0%)	5(0.3%)
Schenectady	2,607	120(4.6%)	18(0.7%)	2,008	82(4.1%)	17(0.8%)	1,839	63 (3.4%)	15(0.8%)	1,763	48(2.7%)	12(0.7%)
Schoharie	260	17(6.5%)	2(0.8%)	304	14(4.6%)	1(0.3%)	289	7 (2.4%)	3(1.0%)	321	9(2.8%)	1(0.3%)
Schuyler	295	9(3.1%)	2(0.7%)	206	4(1.9%)	0(0.0%)	214	7 (3.3%)	2(0.9%)	243	9(3.7%)	1(0.4%)
Seneca	541	15(2.8%)	1(0.2%)	377	11(2.9%)	2(0.5%)	347	8 (2.3%)	3(0.9%)	348	1(0.3%)	1(0.3%)
St. Lawrence	1,649	34(2.1%)	5(0.3%)	1,374	34(2.5%)	6(0.4%)	986	24 (2.4%)	7(0.7%)	979	14(1.4%)	5(0.5%)
Steuben	1,097	57(5.2%)	2(0.2%)	672	27(4.0%)	5(0.7%)	678	32 (4.7%)	7(1.0%)	1,262	21(1.7%)	1(0.1%)
Suffolk	23,947	180(0.8%)	31(0.1%)	22,809	168(0.7%)	36(0.2%)	21,578	162 (0.8%)	21(0.1%)	21,371	79(0.4%)	21(0.1%)
Sullivan	988	10(1.0%)	5(0.5%)	961	8(0.8%)	0(0.0%)	911	12 (1.3%)	3(0.3%)	882	13(1.5%)	2(0.2%)
Tioga	654	21(3.2%)	7(1.1%)	492	16(3.3%)	3(0.6%)	612	12 (2.0%)	0(0.0%)	544	15().8%	1(0.2%)
Tompkins	1,276	8(0.6%)	2(0.2%)	865	6(0.7%)	0(0.0%)	1,173	11 (0.9%)	3(0.3%)	1,025	9(0.9%)	1(0.1%)
Ulster	2,364	85(3.6%)	21(0.9%)	2,505	69(2.8%)	11(0.4%)	2,263	47 (2.1%)	13(0.6%)	2,003	31(1.5%)	11(0.5%)
Warren	521	19(3.6%)	6(1.2%)	653	24(3.7%)	3(0.5%)	638	21 (3.3%)	5(0.8%)	553	18(3.3%)	3(0.5%)
Washington	799	47(5.9%)	10(1.3%)	671	35(5.2%)	3(0.4%)	598	42 (7.0%)	8(1.3%)	630	29(4.6%)	11(1.7%)
Wayne	1,339	30(2.2%)	5(0.4%)	1,295	26(2.0%)	3(0.2%)	1,096	24 (2.2%)	6(0.5%)	1,189	24(2.0%)	5(0.4%)
Westcheste	27,295	399(1.5%)	72(0.3%)	25,543	335(1.3%)	60(0.2%)	24,899	343 (1.4%)	54(0.2%)	23,972	229(1.0%)	37(0.2%)
Wyoming	496	7(1.4%)	3(0.6%)	461	8(1.7%)	3(0.7%)	411	6 (1.5%)	2(0.5%)	317	5(1.6%)	1(0.3%)
Yates	446	10(2.2%)	1(0.2%)	393	11(2.8%)	1(0.3%)	346	11 (3.2%)	3(0.9%)	349	10(2.9%)	1(0.3%)
Total	**203,692**	**4,985(2.4%**	**1,111(0.5**	**197,173**	**3,966(2.0%**	**835(0.4%)**	**186,690**	**3,371**	**758(0.4%)**	**178,137**	**2,776(1.6%**	**601(0.3%)**

*The incidence rate is the proportion of all children under 6 years of age who were screened in a given year and had a confirmed blood lead level of greater or equal to 10 microgram per deciliter in that year.

Mapping of Incidence of Elevated Blood Lead Levels by Zip Code

Analysis of data over large geographic areas can mask small pockets of populations with relatively high concentrations of blood lead elevations. To better understand where local concentrations of children with blood lead elevations are found, an analysis of zip code level data was conducted. Zip codes were used because they are available in the database and are more recognizable than census tracts.

All zip codes outside New York City were ranked from highest to lowest based on the incidence rate of elevated blood lead levels. (See *Table 4*). To provide greater stability and reliability, only zip codes with at least 50 children screened during the year are presented in reporting elevated (10 micrograms per deciliter or greater) blood lead incidence rates. The six zip codes in bold/red had rates of 10% or higher for each of the four years examined. Zip codes in blue/italics were among the top 25 zip codes three out of the four years examined. In 1998 and 1999 there were zip codes with the same ranking, so 26 zips have the top 25 rates in those two years.

Table 4.

Top 25 Zip Codes by Year with Incidence* of Blood Lead Levels $10 micrograms per deciliter
New York State, Excluding New York City, 1996-1999

	1996			1997			1998			1999		
Rank	Zip Code	#	%	Zip Code	#	%	Zip Code	#	%	Zip Code	#	%
1	12887	11	16.7%	13205	109	15.3%	12887	9	16.1%	13204	133	15.2%
2	12015	8	15.7%	12307	38	14.0%	12828	10	13.0%	13205	73	11.4%
3	13205	118	15.5%	12816	7	13.2%	12307	29	12.9%	14212	64	11.0%
4	14590	8	15.4%	14212	75	12.6%	13204	125	12.8%	12307	21	10.6%
5	14211	189	14.6%	13204	124	12.6%	14489	10	12.5%	14211	108	10.4%
6	12010	24	12.7%	*12534*	39	12.3%	13205	73	11.8%	14208	31	9.5%
7	12207	10	12.3%	*14209*	26	11.8%	13329	8	10.4%	12090	5	9.4%
8	13204	132	12.3%	14208	44	11.6%	14211	114	10.2%	12095	15	9.0%
9	*13501*	117	12.3%	14211	140	11.4%	14208	37	10.1%	*12078*	32	8.8%
10	14212	78	12.1%	12839	17	11.2%	*12801*	18	9.3%	14505	5	8.6%
11	12307	43	11.9%	*12206*	56	11.0%	12832	7	9.2%	*13501*	70	8.5%
12	12037	9	11.7%	*12078*	37	10.1%	14212	55	9.0%	12828	8	8.4%
13	14208	50	11.6%	14830	9	10.0%	*14209*	20	8.9%	12414	12	8.2%
14	*12534*	40	11.1%	12305	6	10.0%	14904	16	8.5%	14611	60	8.0%
15	12550	163	10.9%	*13207*	41	9.5%	14611	66	8.3%	13346	4	7.8%
16	14892	10	10.9%	12122	5	9.4%	12182	12	8.2%	*13207*	29	7.4%
17	12414	19	10.7%	13202	23	9.4%	13471	4	8.0%	12839	11	7.3%
18	*14209*	26	10.5%	12803	6	9.4%	13605	4	8.0%	*12801*	11	7.3%
19	12601	79	10.5%	12010	22	9.1%	*13207*	34	7.9%	*12206*	31	7.2%
20	13753	6	10.3%	13203	38	8.9%	14303	13	7.6%	14621	105	7.1%
21	*12206*	60	10.3%	12550	142	8.7%	14608	50	7.5%	14213	71	7.0%
22	13208	73	10.3%	*12801*	18	8.7%	12037	4	7.4%	*12534*	19	6.9%
23	12401	60	9.9%	14901	18	8.5%	*13501*	69	7.5%	13367	7	6.9%
24	14901	24	9.8%	12095	16	8.4%	12210	18	7.4%	13208	42	6.8%
25	12304	38	9.8%	12090	5	8.2%	*12078*	29	7.3%	13339	8	6.8%
							13203	30	7.3%	13210	31	6.8%
Zips above 10%**		**1,273**	**20.9%**		**727**	**15.1%**		**415**	**10.1%**		**399**	**11.8%**
Top 25 Zip Codes		**1,395**	**22.9%**		**1,061**	**22.1%**		**864**	**20.9%**		**1,006**	**29.8%**
Total Incidence		**6,096**	**100%**		**4,801**	**100%**		**4,129**	**100%**		**3,377**	**100%**

*The incidence rate is the proportion of all children under 6 years of age who were screened in a given year and had a confirmed blood lead level of greater or equal to 10 microgram per deciliter in that year, divided by the number screened with no prior history of elevated blood lead level.

**Zip codes with incidence rates higher than 10% of children with elevated blood leads (ten micrograms per deciliter or higher).

Six Zip Codes had rates of 10% or higher for three of the last four years .

Analysis of 1999 data by zip code showed that 1.5 percent of the state's 1731 residential non-New York City zip codes accounted for 29.8 percent of all the children who were newly identified with blood leads of 10 micrograms per deciliter or higher. A total of 1,006 children with newly elevated blood lead levels lived in these twenty-six zip codes with the highest twenty-five rates*(Table 4)*.

In 1996, there were twenty-two zip codes with an incidence rate for elevated blood lead level greater than ten percent. By 1999, there were only five zip codes with an incidence rate of greater than ten percent *(Table 4)*.

Six zip codes had incidence rates of ten percent or higher in at least three of the four years examined, 1996 though 1999:

- 13204 and 13205 in Onondaga County;
- 14208, 14211 and 14212 in Erie County; and
- 12307 in Schenectady County.

In 1999, these six zip codes combined accounted for 12.7 percent of the total number of children identified for the first time with confirmed blood lead levels of 10 micrograms per deciliter or higher in 1999.

To learn more about these six zip codes, data from the 1990 census was used for information about these areas. As expected, these areas have old, low value housing; high rates of renters; low median household incomes and high rates of children living below the poverty level (*Table 5)*.

Table 5. **1990 Census Data for the Six Highest Incidence Zip Codes***
New York State Excluding New York City, 1996 - 1999

Characteristics	Erie County				Onondaga County			Schenectady Co.	
Zip Code	All Zips	14208	14211	14212	All Zips	13205	13204	All Zips	12307
Total Housing Units	402,131	6,298	17,423	10,297	190,878	8,977	11,622	62,769	3,967
Housing Units Built Pre-1950	203,362	5,083	14,729	8,034	75,664	5,431	8,933	37,108	3,211
% Housing Units Built Pre-1950	50.6	80.7	84.5	78	39.6	60.5	76.9	59.1	80.9
Owner Occupied Housing Units	240,246	2,531	6,549	3,820	112,946	4,080	3,406	38,903	862
Renter Occupied Housing Units	136,748	3,101	8,875	5,422	64,952	4,058	6,772	20,278	2,527
Vacant Housing Units	25,137	666	1,999	1,055	12,980	839	1,444	3,588	578
% Renter Occupied (Of Occupied Housing Units)	36.3	55.1	57.5	58.7	36.5	49.9	66.5	34.3	74.6
Median Value (in $) of Housing Units	73,600	29,500	32,100	39,400	80,600	56,000	54,900	93,600	44,300
%Children Under 6 Yrs	8.3	8.1	12	9.9	9	10.1	12.3	8.4	13.3
% Non-White, Non-Hispanic Population	12.8	90.3	60.7	26.2	10.1	46.7	18.7	5.9	35.7
Median Household Income $	28,005	15,042	14,636	13,536	31,783	22,621	17,947	31,569	15,202
% Children Under 6 Yrs Below Poverty Level	21.3	55.7	54.7	57.7	17.6	44.1	55.7	13.5	54.1

*Zip codes with incidence rates at or above 10% of children under six years of age with elevated blood lead levels 10 micrograms per deciliter or greater in three of four years between 1996 and 1999.

Areas of High Incidence Have Higher Blood Lead Screening Rates

In general, the areas with high incidence have higher screening rates. This indicates that in areas where children are at risk, the provider community is aware of the need for lead screening and children are being screened.

Table 6 below indicates that in most areas of highest incidence in the state, the screening rates are well above the state average.

Table 6.
Lead Screening Rates in Zip Codes with a High Incidence of Blood Lead Greater than or Equal to 10 micrograms per deciliter

Zip Code	Location of Zip Code		Incidence Rate by Year				% Screened by Age 24	
	City	County	1996	1997	1998	1999	1996 Cohort	1997 Cohort
Zips with Incidence Rates at or above 10% in 3 of the 4 years between 1996 and 1999								
12307	**Schenectady**	**Schenectady**	11.9%	14.0%	12.9%	10.6%	69.4%	60.1%
13204	**Syracuse**	**Onondaga**	12.3%	12.6%	12.8%	15.2%	88.0%	78.9%
13205	**Syracuse**	**Onondaga**	15.5%	15.3%	11.8%	11.4%	75.0%	78.7%
14208	**Buffalo**	**Erie**	11.6%	11.6%	10.1%	9.5%	57.0%	80.7%
14211	**Buffalo**	**Erie**	14.6%	11.4%	10.2%	10.4%	80.6%	65.9%
14212	**Buffalo**	**Erie**	12.1%	12.6%	9.0%	11.0%	68.6%	80.5%
Zips Rated in Top 25 of Incidence Rates in 3 of 4 Years between 1996 and 1999								
12078	*Gloversville*	*Fulton*		10.1%	7.3%	8.8%	70.2%	64.2%
12206	*Albany*	*Albany*	10.3%	11.0%		7.2%	76.8%	63.7%
12534	*Hudson*	*Columbia*	11.1%	12.3%		6.9%	63.4%	53.0%
12801	*Glens Falls*	*Warren*		8.7%	9.3%	7.3%	61.3%	57.3%
13207	*Syracuse*	*Onondaga*		9.5%	7.9%	7.4%	72.1%	76.9%
13501	*Utica*	*Oneida*	12.3%		7.5%	8.5%	76.1%	71.4%
14209	*Buffalo*	*Erie*	10.5%	11.8%	8.9%		74.3%	72.3%
Zips with Incidence rates at or above 10% in at least 1 year between 1996 and 1999								
12010	Amsterdam	Mongomery	12.7%	9.1%			38.6%	43.8%
12015	Athens	Greene	15.7%				59.5%	57.1%
12037	Chatham	Columbia	11.7%		7.4%		84.7%	81.8%
12207	Albany	Albany	12.3%				100.0%	50.0%
12305	Schenectady	Schenectady		10.0%			67.5%	41.2%
12414	Catskill	Greene	10.7%			8.2%	61.5%	55.5%
12550	Newburgh	Orange	10.9%	8.7%			64.1%	69.0%
12601	Poughkeepsie	Dutchess	10.5%				79.5%	68.6%
12816	Cambridge	Washington		13.2%			55.4%	55.3%
12828	Fort Edward	Washington			13.0%	8.4%	63.5%	73.8%
12839	Hudson Falls	Washington		11.2%		7.3%	53.0%	52.7%
12887	Whitehall	Washington	16.7%		16.1%		49.3%	55.1%
13208	Syracuse	Onondaga	10.3%			6.8%	77.8%	87.0%
13329	Dolgeville	Herkimer			10.4%		52.7%	75.0%
13753	Delhi	Delaware	10.3%				54.5%	82.8%
14489	Lyons	Wayne			12.5%		39.0%	36.1%
14590	Akron	Wayne	15.4%				39.3%	45.9%
14830	Corning	Steuben		10.0%			21.0%	28.3%
14892	Addison	Tioga	10.9%				21.9%	50.5%

*Zip codes with less than 50 lead screens are excluded from this analysis.

County Maps

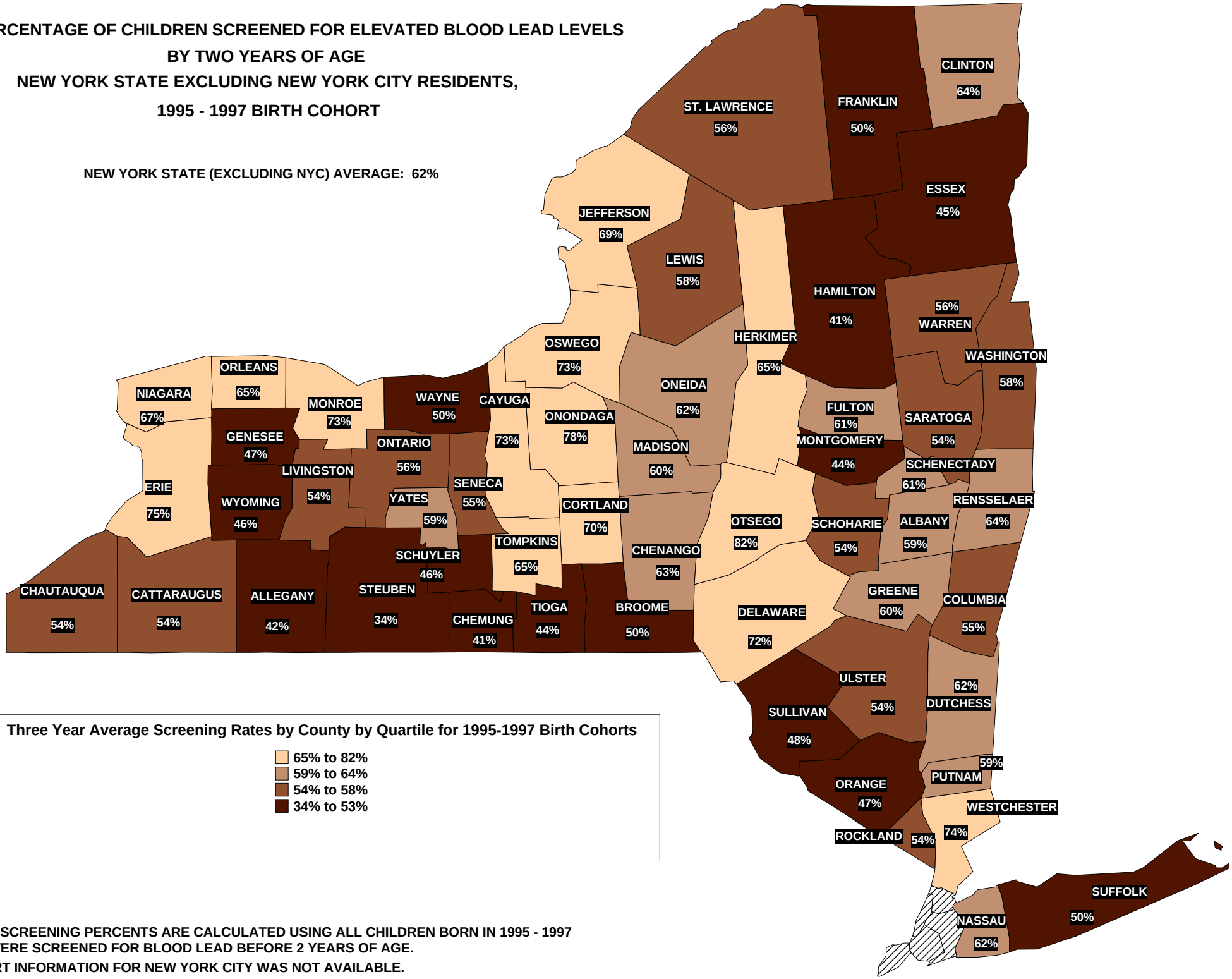
The visual display of incidence data is helpful in gaining an appreciation of both how widespread elevated blood lead levels in children are and for the areas of highest concentration of cases.

In areas where there are relatively low screening rates and high incidence, caution must be used in interpreting the data. Because of the low number screened, there is a smaller denominator over which to place the number of cases of elevated blood leads. A few children with blood lead elevations can result in an apparently high overall incidence rate when, in fact, the number of affected children is actually small. Indeed, the higher the screening rate, the more accurate the incidence rate is likely to be.

The display of screening rates provides a visual workplan for areas where more screening needs to be done and for areas where there is a need to develop more lead-safe housing. Ultimately, these steps are expected to lead to a continuing decline in the incidence of childhood lead poisoning.

PERCENTAGE OF CHILDREN SCREENED FOR ELEVATED BLOOD LEAD LEVELS BY TWO YEARS OF AGE NEW YORK STATE EXCLUDING NEW YORK CITY RESIDENTS, 1995 - 1997 BIRTH COHORT

NEW YORK STATE (EXCLUDING NYC) AVERAGE: 62%



Three Year Average Screening Rates by County by Quartile for 1995-1997 Birth Cohorts

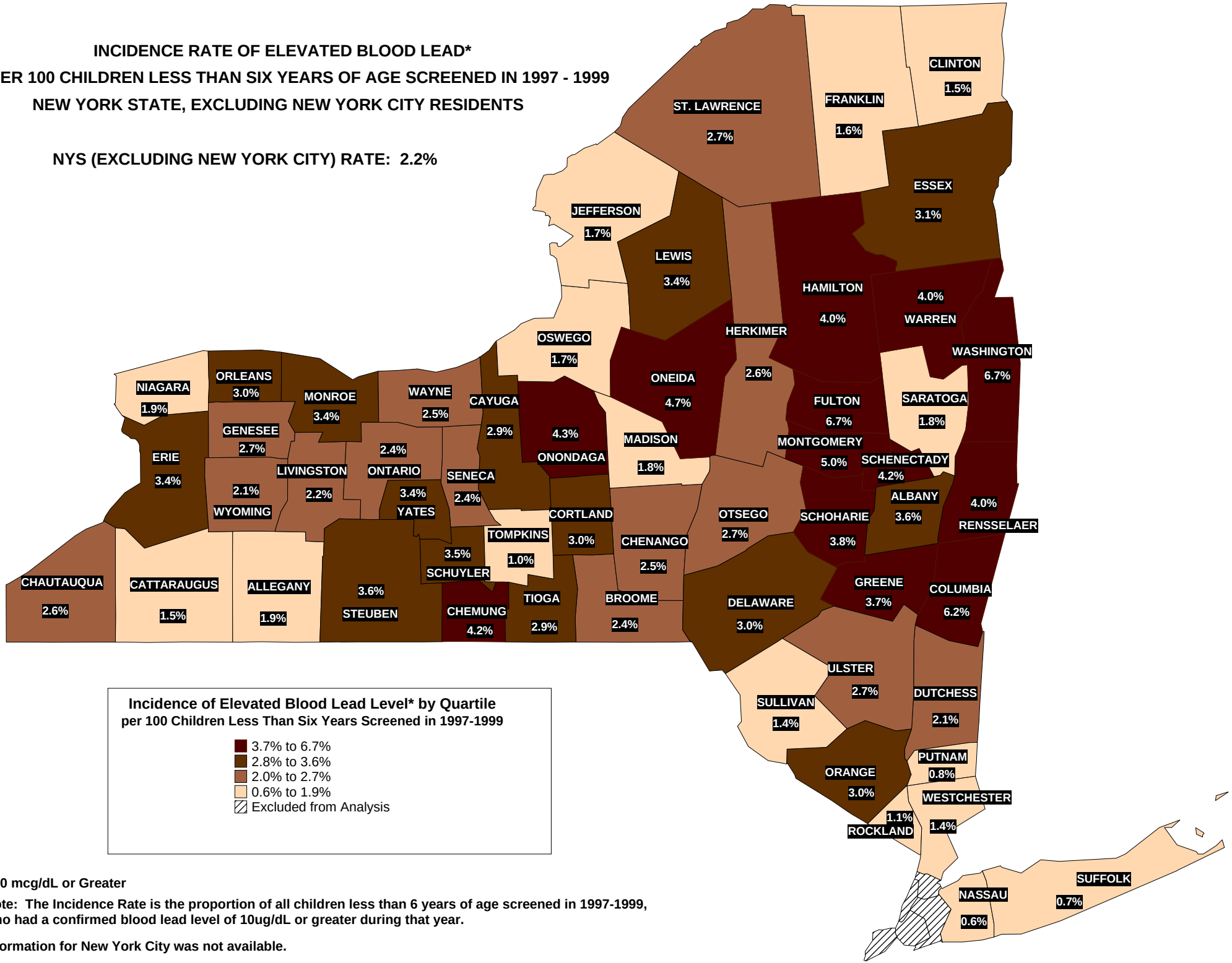
- 65% to 82%
- 59% to 64%
- 54% to 58%
- 34% to 53%

NOTE: SCREENING PERCENTS ARE CALCULATED USING ALL CHILDREN BORN IN 1995 - 1997 WHO WERE SCREENED FOR BLOOD LEAD BEFORE 2 YEARS OF AGE.

COHORT INFORMATION FOR NEW YORK CITY WAS NOT AVAILABLE.

INCIDENCE RATE OF ELEVATED BLOOD LEAD*
PER 100 CHILDREN LESS THAN SIX YEARS OF AGE SCREENED IN 1997 - 1999
NEW YORK STATE, EXCLUDING NEW YORK CITY RESIDENTS

NYS (EXCLUDING NEW YORK CITY) RATE: 2.2%



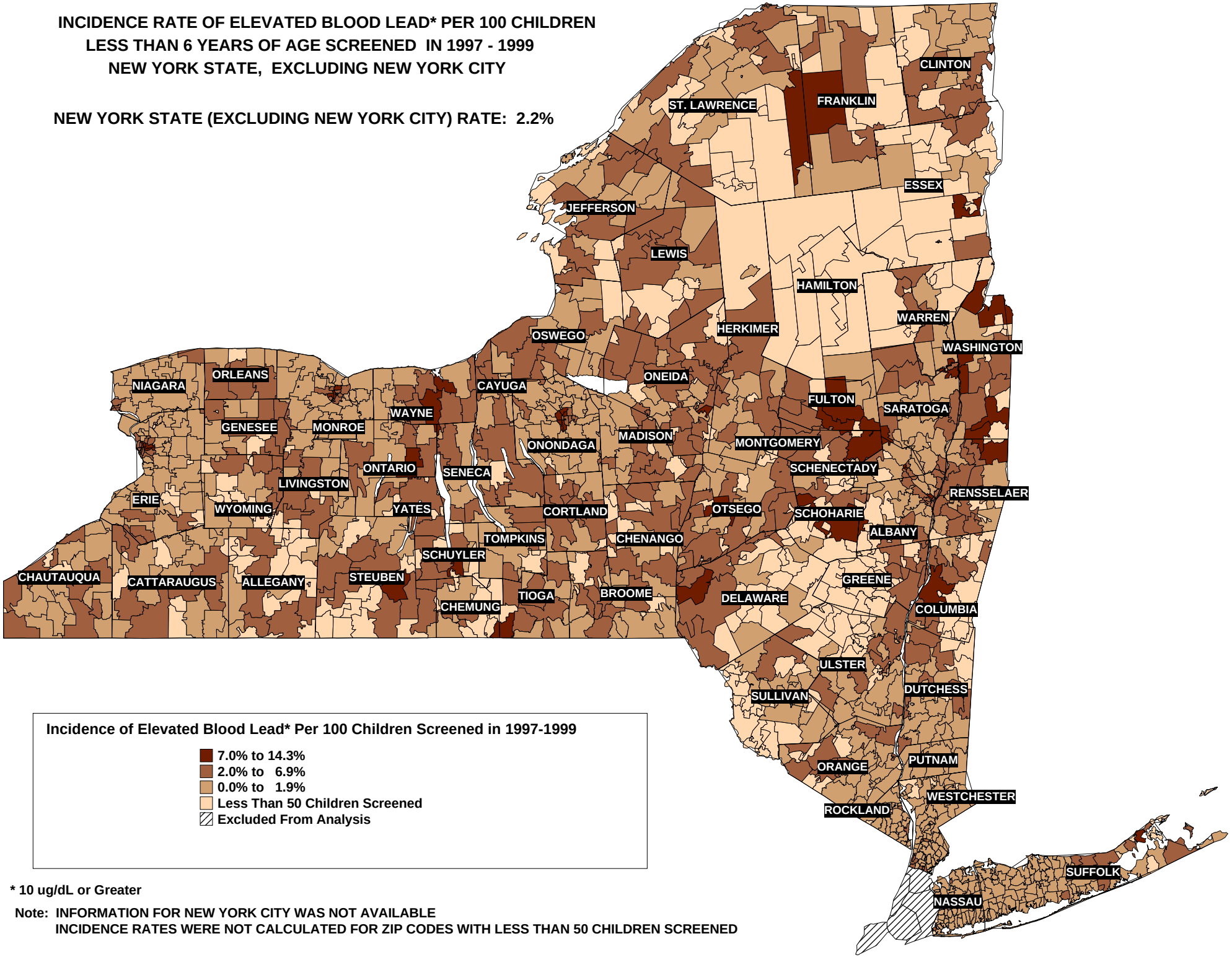
*** 10 mcg/dL or Greater**

Note: The Incidence Rate is the proportion of all children less than 6 years of age screened in 1997-1999, who had a confirmed blood lead level of 10ug/dL or greater during that year.

Information for New York City was not available.

INCIDENCE RATE OF ELEVATED BLOOD LEAD* PER 100 CHILDREN
LESS THAN 6 YEARS OF AGE SCREENED IN 1997 - 1999
NEW YORK STATE, EXCLUDING NEW YORK CITY

NEW YORK STATE (EXCLUDING NEW YORK CITY) RATE: 2.2%



Incidence of Elevated Blood Lead* Per 100 Children Screened in 1997-1999

- 7.0% to 14.3%
- 2.0% to 6.9%
- 0.0% to 1.9%
- Less Than 50 Children Screened
- Excluded From Analysis

*** 10 ug/dL or Greater**

Note: INFORMATION FOR NEW YORK CITY WAS NOT AVAILABLE
INCIDENCE RATES WERE NOT CALCULATED FOR ZIP CODES WITH LESS THAN 50 CHILDREN SCREENED

Chapter Three.

The Status of Current Interventions

New York's Childhood Lead Poisoning Prevention Program has utilized several strategies to meet its objectives for the prevention and reduction of childhood lead poisoning:

- Pursuit of both universal screening of one- and two-year olds and targeted screening of children ages 6 months to 6 years assessed to be at high-risk for high-dose lead exposure;
- Outreach and preventive public health education;
- Linkage of low income children to insurance programs;
- Tracking and follow-up of children identified as having elevated blood lead levels;
- Education of families of children with elevated blood lead;
- Identification and elimination of lead sources in children's environments;
- Technical assistance to health care providers and local county health departments;
- Establishment of interim lead-safe housing in high-need areas; and
- Medicaid and Child Health Plus providers screen children for elevated blood lead.

State Health Department Infrastructure

The infrastructure for the Department of Health's childhood lead poisoning prevention activities is provided through a variety of sources, including $5.12 million in direct state appropriation and Federal funds from the Maternal and Child Health Services Block Grant, the Preventive Health and Health Services Block Grant and the Centers for Disease Control and Prevention. Funds are then allocated internally to the Centers for Community Health and for Environmental Health, and externally to the local county health departments, Regional Lead Poisoning Prevention Resource Center contractors, and Interim Lead-Safe Housing Projects. These collaborations have enabled DOH to provide leadership, funding, technical assistance and oversight to its contractors and to ensure a statewide approach.

The Role of Local Health Departments

The Department contracts with 56 county health departments and the New York City Department of Health to provide a comprehensive program of prevention education, screening of uninsured and underinsured children, care coordination, and environmental and educational follow-up for the families of children who are identified as having elevated blood lead levels. (Hamilton County provides lead-related services without a contract.) Local health departments are notified of all lead screening results so that staff may begin the intervention process. In areas where the local health department does not have an environmental health unit, the local health department teams with a State Health Department District Office for needed environmental interventions.

The local health departments are also engaged in public education to inform the public about lead poisoning and its prevention. State Health department efforts supplement and complement local efforts. Local programs often adapt materials and methods most appropriate for the residents and providers in their jurisdiction. Local health departments are working closely with the statewide program to ensure that providers understand and are able to meet their obligations under Public Health regulations.

Environmental Interventions Targeting Lead Paint Hazards

State and local health and housing agencies are working to make New York's housing stock "lead safe," especially in the inner cities.

Since 1970, the State Department of Health has coordinated a program to case manage children with elevated blood lead levels. An environmental assessment has always been part of the case coordinator protocol with the goal to identify and eliminate conditions conducive to lead poisoning and prevent further exposure to residential lead paint hazards. Over the last decade, the science and technology for evaluating and controlling lead paint hazards in the residential environment has grown and improved. Research and better technology have helped all involved parties to focus on positive, cost effective strategies to create "lead safe housing" and prevent lead paint exposure. State and local health and housing agencies have been involved in activities implementing a prevention strategy with the goal of making New York's housing stock "lead safe," especially in the inner cities.

Effective Case Management Includes Environmental Assessment

Environmental health personnel in 36 county health departments, the New York City Department of Health and the Department's nine district offices (which cover 21 upstate counties) are responsible for the environmental assessment and lead hazard control component of the case coordinator of a child identified with a blood lead level of 20 microgram per deciliter or greater.

An environmental evaluation includes an assessment of conditions conducive to lead poisoning and may include any dwelling, child care facility or other area where the child spends a significant amount of time (greater than 8 hours per week). The investigation objective is to identify any significant source of lead to which a child may be exposed. Additional sources and pathways of lead exposure may also be evaluated including dust, furniture, toys, soil, water and any material believed to be a source of lead exposure.

When a condition conducive to lead poisoning exists in a dwelling the owner of the dwelling is required to remediate such conditions. In conformance with state regulations, the health department representative determines the extent of remediation work. Site preparation requirements, specific hazard control methods and clean-up procedures are subject to the approval of the health department representative. Federal regulation requires that certain permanent abatement methods must be performed by certified firms, supervisors and workers. When an owner of a dwelling fails to comply with the written notice and demand for the discontinuance of a condition conducive to lead poisoning, procedures for enforcement provided in the Public Health Law are followed.

Table 7 displays the environmental case management activities for the years 1996-1999. Similar to the declining trends in incidence of elevated blood leads, the need for environmental assessments and intervention has been decreasing.

Developing Environmental Health Field Staff Capacity

The Department has developed a standardization program for inspectors that is compatible with current Federal certification requirements. The Department's program, introduced in 1999, adds a field training/testing program while the current EPA program involves certification based on classroom training and successful scores on a written exam. The Department's program is designed to promote uniformity in enforcement of State regulations and guidance. One hundred thirty-four environmental health staff employed by the New York City Department of Health, 36 county health departments and the State Health Department are certified EPA risk assessors and perform the needed investigation/evaluation regarding lead hazard identification and needed remediation.

Table 7. Initial Environmental Assessments by Local Health Departments in Response to Children Aged Birth to 6 with Elevated Blood Leads, by County, 1996 -1999

County	1996	1997	1998	1999	County	1996	1997	1998	1999
Albany	37	77	50	32	Niagara	15	6	9	13
Allegany	2	3	7	3	Oneida	102	63	54	49
Broome	16	12	5	10	Onondaga	341	322	182	103
Cattaraugus	4	1	5	0	Orange	149	132	104	84
Cayuga	8	15	5	7	Orleans	5	2	5	6
Chautauqua	20	7	14	21	Oswego	6	6	5	3
Chemung	17	21	17	12	Putnam	5	1	1	3
Chenango	3	4	1	1	Rensselaer	42	24	14	17
Clinton	8	3	3	2	Rockland	24	29	11	17
Columbia	16	7	10	7	Schenectady	38	39	42	24
Cortland	4	3	8	5	Schoharie	3	4	1	1
Dutchess	35	31	26	12	Seneca	3	5	5	2
Erie	334	519	572	642	Suffolk	39	48	30	23
Genesee	2	4	6	2	Tioga	8	3	0	1
Livingston	3	1	2	0	Tompkins	2	6	13	7
Madison	4	1	1	3	Ulster	21	20	14	13
Monroe	617	437	325	196	Westchester	99	100	85	103
Nassau	66	39	52	30	Wyoming	1	2	3	1
New York City	1378	1151	1059	894	**Total-All Local Units**	**3477**	**3148**	**2746**	**2349**

Environmental Assessments by State Health Department District Offices in Response to Children Aged Birth to 6 with Elevated Blood Leads Equal to or Greater than 20 micrograms per deciliter, by District Office, 1995-1999

District	1996	1997	1998	1999	District	1996	1997	1998	1999
Canton (St.Law. Co.)	7	6	8	4	Monticello (Sullivan Co)	4	1	3	2
Geneva	26	10	24	12	Oneonta	27	14	37	18
Glens Falls	59	26	24	16	Saranac Lake	4	2	7	14
Herkimer	49	32	30	28	Watertown	17	9	13	10
					Total All Districts	193	100	146	104
Total - Includes NYC	**3670**	**3248**	**2892**	**2453**	**Total- Excludes NYC**	**2292**	**2097**	**1833**	**1559**

Prevention Efforts For Direct Interventions to Targeted Dwelling Units

HUD Lead Paint Hazard Control Grants: The State Health Department and Division of Housing and Community Renewal, and the City and County of Albany were successful in obtaining $6 million in federal funding which funded lead paint abatement actions completed during 1997 – 1999 at 355 housing units in the city of Albany. Over the last six years, additional grants were also awarded to health and housing agencies in targeted communities accounting for $38.4 million assistance to complete abatements in 3,154 housing units.

DOH Healthy Neighborhoods Program: This Health Department program provides preventive environmental health services to targeted geographic areas with a high rate of documented environmental health needs. The program now distributes $1.2 million annually to New York City Department of Health, Erie, Onondaga, Westchester, Rockland, Cayuga, Clinton and Niagara County Health Departments. Targeting high risk populations and housing for assessment of lead paint and other environmental hazards, program staff ensure that each child has had a blood lead test. If not, the appropriate referrals are made. Also, cleaning kits may be distributed to aid in the control of lead based paint dust. The confimation of chipping and peeling paint is also referred to the landlord for correction. All dwellings visited regardless of the condition of the paint receive education regarding lead hazards and their control.

Local Health Department Extension of Primary Prevention Activities

Based on a survey in 1997, it was determined that 89% of all local health units (LHUs) were also performing environmental assessments of dwellings where a child had lead levels less than 20 micrograms per deciliter. 77% of LHUs were performing environmental assessments and ordering interventions in response to the case management of children with elevated blood lead levels between 15 and 19 micrograms per deciliter, while 84% of LHUs were performing general educational activities and primary prevention for the public. In addition, several local health departments enforce local housing codes with lead paint maintenance standards. For some units, inspections are prompted by local social services agencies.

Collaboration With Other State Agencies

To eliminate exposures to children to lead in day care settings, DOH collaborated with the **Office of Children and Family Services (OCFS)** to develop a brochure for Day Care Facility Operators regarding the assessment of lead paint hazards. The brochure details the need for day care centers to be evaluated for lead hazards prior to their initial opening. Local health departments perform the assessments and advise OCFS of the facility's evaluation results prior to license issuance. DOH acts as a consultant to the OCFS to provide information regarding lead paint hazard identification and control. All new day care centers receive this type of inspection before licensing.

The Department of Health has carefully reviewed with the **Department of Environmental Conservation** officials the issue of lead waste from abatement projects. This collaboration has made it possible for cost effective disposal of lead waste so that abatement projects could be cost effectively implemented.

The Department of Health has been a partner with the **Department of Housing and Community Renewal (DHCR)** regarding the State's Consolidated Plan and lead paint issues. Recent focus has been on building of capacity for the newly issued regulations for Federally-assisted housing (rental, mortgages, public housing). Currently, the two Commissioners are working closely to help the State achieve this needed capacity. It is expected that this regulation will affect approximately 80,000 housing units in NYS, impacting approximately $86 million in Federal funds and a large number of children living in Federally-assisted housing.

The Role of Primary Care Providers

Primary health care providers fill the central role in direct services, including screening and care of children with elevated blood leads. For this reason, the Department supports their role by making available technical assistance resources. In 1998, the Childhood Lead Poisoning Prevention Program distributed *Get Ahead of Lead,* a physician handbook on childhood lead poisoning prevention. The program is now working to get the text of this reference available on the internet. Primary care providers are also supported in their role through educational offerings and Grand Rounds provided by the Regional Lead Poisoning Prevention Resource Centers.

Commissioner Novello will be issuing a "Dear Provider" letter to remind primary care providers of their obligation under State regulation to screen all one- and two-year olds**.**

Regional Lead Poisoning Prevention Resource Centers

The Department contracts with seven **Regional Lead Poisoning Prevention Resource Centers** to provide consultation and technical assistance on medical care of lead poisoned children to primary health care providers in their region. The Centers reach out to primary providers with invitations to Grand Rounds, in-service presentations and periodic mailings. These centers also provide prevention education and risk reduction information to the families of lead-poisoned children in collaboration and coordination with local health departments. Lead resource centers also reach out to other members of their communities.

Interim Lead-Safe Housing

The Department contracts with nine **Interim Lead-Safe Housing Projects**. These projects provide temporary relocation of children with lead poisoning and their families while their homes are undergoing lead hazard reduction or abatement. The projects also provide transportation services, reinforce the families' knowledge of possible sources of lead, coordinate ancillary services (including referrals to social services), provide educationto parents and housing relocation assistance. Interim housing is available in: Buffalo, Rochester, Auburn, Syracuse, Utica, Albany, Newburgh, Troy, Schenctady, Yonkers, Northern Manhattan, and the Ridgewood/Bushwick section of Brooklyn.

Collaboration with other DOH Programs

Important collaborations within the Department of Health are with the **Women Infant Children (WIC) Program**, **Immunization Program** and **Community Health Worker Program**. These programs reinforce with their participants the need for preventive and follow-up services for infants and toddlers, including lead screening.

WIC- The WIC Program uses elevated blood lead as a risk criteria for all participant categories (women, infants and children). If the participant has the laboratory value (blood lead reading), it is entered into WIC's data system for tracking. Two questions on the health screening forms elicit whether or not the participant is at risk for elevated lead in their home. If risk is found, the local WIC agency refers the participant for further testing and follow-up.

The Immunization Program's Provider Based Immunization Initiative (PBII) sends local health department staff into private health care offices to assess the immunization level of two-year-olds, analyze provider immunization

practices, and make recommendations to the provider for improving immunization levels. In many counties, immunization program staff have begun to simultaneously check records for lead screening and give providers feedback on missed opportunities for lead screening. Visiting staff also help the provider to establish office "tickler systems" to facilitate recalling the child for screening at the age-appropriate intervals.

The Community Health Worker Program is a special program that provides services that enable high-risk families to obtain and remain engaged with primary health care. Community health workers are recruited from the communities in which they will work. They are then educated in case-finding, communication, health promotion, and community resources. They are able to offer culturally-sensitive, language-appropriate assistance to families in accessing and sustaining contact with health care providers in the community. Community Health Workers are supported and supervised by experienced public health nurses or public health social workers, and are engaged in a multi-disciplinary team approach.

The Community Health Workers educate parents about lead poisoning and the need for screening, assess children's records for lead screens and refer and follow those who were not screened. In the last program year, this Program assisted 880 children from high incidence areas.

Lead Advisory Council

The Public Health Law promulgated in 1992 established a Governor's Lead Poisoning Prevention Advisory Council. This Council was charged with:

- development of strategies to prevent lead poisoning and to minimize risk of human exposure to lead;
- coordination of activities of its member agencies with respect to environmental lead policy and the statewide plan;
- recommending policies for the detection and elimination of lead hazards in the environment, identification and management of children with elevated lead levels, and education and outreach strategies; and
- recommending policies that ensure the qualifications of persons performing lead abatement and funding strategies to assist property owners in abating/correcting environmental lead.

Success of Child Health Insurance Initiatives

The medical home strategy seems to be working for low income New Yorkers.

A major health focus under Governor Pataki's administration has been the expansion of health insurance to the uninsured, including the working poor. Expansions of Medicaid and Child Health Plus have enabled more of New York's children to access a "medical home," meaning that they can now have a consistent source of primary health care to both help ensure their wellness and treat them promptly when they are sick. When children have a "medical home," they are more likely to be afforded the appropriate screening tests, such as lead screening.

According to the 1999 Quality Assurance Reporting Requirements document, 67% of the children enrolled in Child Health Plus for a full year were screened for lead.

Public Awareness and Education for Parents and Landlords

The importance of an informed public is not to be denied or minimized. The State has appropriated $200,000 to public education efforts because parents who are informed of the dangers of lead poisoning will be more likely to ask providers for testing for their children and to carry through on provider recommendations to have children tested.

The Department presently has a public educational campaign focusing on primary prevention: "Make Your Spring Cleaning Count, Wash Lead Out." There is also a universal screening message released this Spring, called "At One and Two, Testing for Lead is What to Do."

The Department produced and has available a video, “The Trouble with Lead: Keeping your home and family safe”. The video explains how families may be exposed to lead at home, how it can hurt them, what simple steps a family can take to protect themselves, and when families should get professionals for help in remodeling.

Federal requirements mandate that sellers of residential property built before 1978 supply buyers with an EPA booklet and form regarding lead paint hazards. Landlords are also responsible for distributing this material to renters. This right-to-know dramatically increased the awareness of involved parties to assess and correct lead paint hazards. To increase compliance with this regulation, the Department has performed outreach and education.

Chapter Four.

Opportunities for Additional Intervention:
Plans for future action

The problem of childhood lead poisoning is preventable, but prevention will require continued commitment and support.

While considerable progress was made during the four years examined in this report, over 3,300 young children annually residing outside of New York City continue to be identified with elevated levels of lead in their bodies. Childhood lead poisoning is preventable, but the future progress requires continuing commitment and support.

Program plans include:

- Working with partners in local health departments, the provider community, and Lead Resource Centers to renew emphasis on universal screening of one- and two-year-olds, with a special emphasis on reaching young children in higher incidence, low income areas of the state where there is older housing;
- A move to a secure internet-based reporting system that will provide improved and more timely access to program data;
- Further research into the reasons children are not being screened;
- A greater emphasis on assisting primary care providers to meet their obligations under the Public Health Law, including provider education and assistance with setting up in-office recall systems, similar or identical to those set up for immunization recall;
- Increased use of computer mapping technology to target screening and other interventions;
- Continued support for local health departments to target interventions to neighborhoods identified as having a high rate of children with elevated blood leads;
- Increasing the number of "lead-safe" housing units in the State; and
- Continued collaboration with an extensive network of state and local partners who are key to the success of the program.

Re-Emphasizing Screening

The Department is renewing the call for universal screening. Letters from Commissioner Novello are being prepared for mailing to all health care providers. The Department will work with local health departments to improve their county-wide screening rates with continued special outreach to high incidence areas.

Internet-Based Reporting

A move from PC-based lead registration to a secure internet-based confidential system will enable the local health departments and laboratories to enter data which can be readily available for analysis. This would greatly reduce the time it takes to make aggregate childhood lead poisoning data available to providers and the general public.

Assisting Primary Care Providers

The efforts of immunization staff to assist providers in assessing their compliance rates and with setting up in-office recall systems have been very successful. In many areas of the state, the immunization staff have also let providers know what their compliance rate is for lead screening, and have set up tickler systems to remind providers when their patients should be screened for lead poisoning. Within the next year, the Department will seek to make this a statewide intervention.

Mapping Technology and its Use in Targeting High Incidence Geographic Areas

Technology is making it possible to gather a great deal of information about specific geographic locations and to display this information pictorially. The State Department of Health is now routinely releasing health data in map format. The use of this technology helps local communities understand degrees of risk and to plan for how resources should be focused to best meet the needs of the locality. It also enables local health departments to plan primary prevention activities in areas of highest need.

The Future Depends on Continued Collaboration

New York has made tremendous strides in the prevention, early identification and prompt, effective treatment of childhood lead poisoning. To continue these encouraging trends, a variety of public and private partners will continue to be engaged in the issue.

It is evident that childhood lead poisoning is not solely a "health" problem, but one that also concerns economics, housing and commerce. For this reason, the Department of Health will continue to work with a variety of other State and local agencies and community organizations in order to continue the positive trends described in this report, and will seek to engage new partners in this important work.

Acknowledgement

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Appendices

A. NYS Lead Poisoning Prevention Act
B. NYS Lead Poisoning Prevention Regulations
C. State Health Department Program Contacts
D. Regional Lead Resource Centers
E. County Lead Poisoning Prevention Contacts
F. County Early Intervention Program Contacts
G. Order Forms for Lead Publications and Resources
H. New York City Department of Health Press Release on 1996-2000 Childhood Lead Program Data

Appendix A.
New York State Lead Poisoning Prevention Act

Appendix A.
New York State Lead Poisoning Prevention Act

TITLE X
CONTROL OF LEAD POISONING

Section 1370. Definitions.
1370-a. Lead poisoning prevention program.
1370-b. Advisory council on lead poisoning prevention.
1370-c. Screening by health care providers.
1370-d. Lead screening of child care or pre-school enrollees.
1370-e. Reporting lead exposure levels.
1371. Manufacture and sale of lead painted toys and furniture.
1372. Use of leaded paint.
1373. Abatement of lead poisoning conditions.
1374. Receivership.
1375. Enforcement agencies.
1376-a. Sale of consumer products containing lead or cadmium.

§ 1370. Definitions. When used in this title, the following words and phrases shall have the following meanings, unless the context clearly requires otherwise:

1. "Dwelling" means a building or structure or portion thereof, including the property occupied by and appurtenant to such dwelling, which is occupied in whole or in part as the home, residence or sleeping place of one or more human beings and shall, without limiting the foregoing, include child care facilities for children under six years of age, kindergartens and nursery schools.

2. "Area of high risk" means an area designated as such by the commissioner or his representative and consisting of one or more dwellings in which a condition conducive to lead poisoning of children is present.

3. "A condition conducive to lead poisoning" means: (i) paint or other similar surface-coating material containing lead in a condition accessible for ingestion or inhalation or where peeling or chipping of the paint or other similar surface-coating material occurs or is likely to occur; and (ii) other environmental conditions which may result in significant lead exposure.

4. "Program" means the lead poisoning prevention program in the department established pursuant to section thirteen hundred seventy-a of this title.

5. "Council" means the advisory council on lead poisoning prevention established pursuant to section thirteen hundred seventy-b of this title.

6. "Elevated lead levels" means a blood lead level greater than or equal to ten micrograms of lead per deciliter of whole blood or such blood lead level as may be established by the department pursuant to rule or regulation.

7. "Person" means any natural person.

§ 1370-a. Lead poisoning prevention program.

1. The department shall establish a lead poisoning prevention program. This program shall be responsible for establishing and coordinating activities to prevent lead poisoning and to minimize risk of exposure to lead. The department shall exercise any and all authority which may be deemed necessary and appropriate to effectuate the provisions of this title.

2. The department shall:

(a) promulgate and enforce regulations for screening children and pregnant women for lead poisoning, and for follow up of children and pregnant women who have elevated blood lead levels;

(b) enter into interagency agreements to coordinate lead poisoning prevention, exposure reduction, identification and treatment activities and lead reduction activities with other federal, state and local agencies and programs;

(c) establish a statewide registry of children with elevated lead levels provided such information is monitored as confidential except for

(i) disclosure for medical treatment purposes; and
(ii) disclosure of non-identifying epidemiological data; and

(d) develop and implement public education and community outreach programs on lead exposure, detection and risk reduction.

§ 1370-b. Advisory council on lead poisoning prevention.

1. The New York state advisory council on lead poisoning prevention is hereby established in the department, to consist of the following, or their designees: the commissioner; the commissioner of labor; the commissioner of environmental conservation; the commissioner of housing and community renewal; the commissioner of social services; and fifteen public members appointed by the governor. The public members shall have a demonstrated expertise or interest in lead poisoning prevention and at least one public member shall be representative of each of the following: local government; community groups; labor unions; real estate; industry; parents; educators; local housing authorities; child health advocates; environmental groups; professional medical organizations and hospitals. The public members of the council shall have fixed terms of three years; except that five of the initial appointments shall be for two years and five shall be for one year. the council shall be chaired by the commissioner or his or her designee.

2. Members of the advisory council shall serve without compensation for their services, except that each of them may be allowed necessary and actual expenses which he or she shall incur in the performance of his or her duties under this article.

3. The council shall meet as often as may be deemed necessary to fulfill its responsibilities. The council shall have the following powers and duties:

(a) To develop a comprehensive statewide plan to prevent lead poisoning and to minimize the risk of human exposure to lead;

(b) To coordinate the activities of its member agencies with respect to environmental lead policy and the statewide plan;

(c) To recommend the adoption of policies with regard to the detection and elimination of lead hazards in the environment;

(d) To recommend the adoption of policies with regard to the identification and management of children with elevated lead levels;

(e) To recommend the adoption of policies with regard to education and outreach strategies related to lead exposure, detection, and risk reduction;

(f) To comment on regulations of the department under this title when the council deems appropriate;

(g) To make recommendations to ensure the qualifications of persons performing inspection and

abatement of lead through a system of licensure and certification or otherwise;

(h) To recommend strategies for funding the lead poisoning prevention program, including but not limited to ways to enhance the funding of screening through insurance coverage and other means, and ways to financially assist property owners in abating environmental lead, such as tax credits, loan funds, and other approaches; and

(i) To report on or before January first of each year to the governor and the legislature concerning the development and implementation of the statewide plan and operation of the program, together with recommendations it deems necessary.

§ 1370-c. Screening by health care providers.

1. The department is authorized to promulgate regulations establishing the means by which and the intervals at which children and pregnant women shall be screened for elevated lead levels. The department is also authorized to require screening for lead poisoning in other high risk groups.

2. Every physician or other authorized practitioner who provides medical care to children or pregnant women, shall screen children or refer them for screening for elevated lead levels at the intervals and using the methods specified in such regulations. Every licensed, registered or approved health care facility serving children including but not limited to hospitals, clinics and health maintenance organizations, shall ensure, by providing screenings or by referring for screenings, that their patients receive screening for lead at the intervals and using the methods specified in such regulations.

3. The health practitioner who screens any child for lead shall give a certificate of screening to the parent or guardian of the child.

4. The department shall establish a separate level of payment, subject to the approval of the director of the budget, for payments made by governmental agencies for screenings performed pursuant to this section by hospitals, as defined in section twenty-eight hundred one of this chapter.

§ 1370-d. Lead screening of child care or pre-school enrollees.

1. Except as provided pursuant to regulations of the department, each child care provider, public and private nursery school and pre-school licensed, certified or approved by any state or local agency shall, prior to or within three months after initial enrollment of a child under six years of age, obtain from a parent or guardian of the child evidence that said child has been screened for lead.

2. Whenever there exists no evidence of lead screening as provided for in subdivision one of this section or other acceptable evidence of the child's screening for lead, the child care provider, principal, teacher, owner or person in charge of the nursery school or pre-school shall provide the parent or guardian of the child with information on lead poisoning in children and lead poisoning prevention and refer the parent or guardian to a primary care provider or the local health authority.

3.(a) If any parent or guardian to such child is unable to obtain lead testing, such person may present such child to the health officer of the county in which the child resides, who shall then perform or arrange for the required screening.

(b) The local public health district shall develop and implement a fee schedule for households with incomes in excess of two hundred percent of the federal poverty level for lead screening pursuant to section six hundred six of this chapter, which shall vary depending on patient household income.

§ 1370-e. Reporting lead exposure levels.

1. Every physician or authorized practitioner shall give notice of elevated lead levels as specified by the commissioner pursuant to regulation, to the health officer of the health district wherein the patient resides, except as otherwise provided.

2. The commissioner may, by regulation, provide that cases of elevated lead levels which occur

(a) in health districts of less than fifty thousand population not having a full-time health officer, or

(b) in state institutions shall be reported directly to the department or its district health officer.

3. Whenever an analysis of a clinical specimen for lead is performed by a laboratory, the director of such laboratory shall, within such period specified by the commissioner report the results and any related information in connection therewith to the local and state health officer to whom a physician or authorized practitioner is required to report such cases pursuant to this section.

4. The person in charge of every hospital, clinic, or other similar public or private institution shall give notice of every child with an elevated blood lead level coming under the care of the institution to the local or state health officer to whom a physician or authorized practitioner is required to report such cases pursuant to this section.

5. The notices required by this section shall be in a form and filed in such time period as shall be prescribed by the commissioner.

§ 1371. Manufacture and sale of lead painted toys and furniture.

1. No person shall manufacture, sell or hold for sale a children's toy or children's furniture having paint or other similar surface-coating material thereon containing more than.06 of one per centum of metallic lead based on the total weight of the contained solids or dried paint film.

2. The commissioner of health may waive the provisions of this section in whole or in part upon a finding by the commissioner in a particular instance that there is no significant threat to the public health; with respect to miniatures the commissioner shall do so, on terms and conditions he or she shall establish, upon a final judicial or administrative finding that there is no immediate public health threat in that instance.

§ 1372. Use of leaded paint.

No person shall apply paint or other similar surface-coating material containing more than.06 of one percentum of metallic lead based on the total weight of the contained solids or dried paint film to any interior surface, window sill, window frame or porch of a dwelling.

§ 1373. Abatement of lead poisoning conditions.

1. Whenever the commissioner or his representative shall designate an area of high risk, he may give written notice and demand, served as provided herein, for the discontinuance of a paint condition conducive to lead poisoning in any designated dwelling in such area within a specified period of time.

2. Such notice and demand shall prescribe the method of discontinuance of a condition conducive to lead poisoning which may include the removal of paint containing more than one-half of one per centum of metallic lead based on the total weight of the contained solids or dried film of the paint or other similar surface-coating material from surfaces specified by the commissioner or his representative under such safety conditions as may be indicated and the refinishing of such surfaces with a suitable finish which is not in violation of section one thousand three hundred seventy-two of this title or the covering of such surfaceswith such material or the removal of lead contaminated soils or lead pipes supplying drinking water as may be deemed necessary to protect the life and health of occupants of the dwelling.

3. In the event of failure to comply with a notice and demand, the commissioner or his representative may conduct a formal hearing upon due notice in accordance with the provisions of section twelve-a of this chapter and on proof of violation of such notice and demand may order abatement of a paint condition conducive to lead poisoning upon such terms as may be appropriate and may assess a penalty not to exceed two thousand five hundred dollars for such violation.

4. A notice required by this section may be served upon an owner or occupant of the dwelling or agent of the owner in the same manner as a summons in a civil action or by registered or certified mail to his last known address or place of residence.

5. The removal of a tenant from or the surrender by the tenant of a dwelling with respect to which the commissioner or his representative, pursuant to subdivision one of this section, has given written noticeand demand for the discontinuance of a paint condition conducive to lead poisoning shall not absolve, relieve or discharge any persons chargeable therewith from the obligation and responsibility to discontinue such paint condition conducive to lead poisoning in accordance with the method of discontinuance prescribed therefor in such notice and demand.

§ 1374. Receivership.

1. In the event of failure to comply with an order issued pursuant to this title and containing provision for such application, the officer issuing the order may apply to a court of competent jurisdiction in the county wherein the dwelling is located for an order appointing such officer or his designee receiver of the rents of such dwelling for the purpose of effectuating the provisions of such order.

2. An application for appointment of a receiver hereunder shall be on at least ten days' notice to the owner of the dwelling, effected in the same manner as in an action to foreclose a mortgage. A receiver appointed hereunder shall not have any right superior to those of any mortgagee or lienor of record who has not had at least ten days' notice, by personal service or registered or certified mail, of the application for appointment of a receiver.

3. A receiver appointed hereunder shall have the power to collect the accrued and accruing rents of the dwelling and shall apply such collected rents to costs and expenses incurred in connection with

(a) removing, replacing, repainting and covering surfaces of the dwelling necessary to effectuate the provisions of the order of abatement,

(b) interim operation and management of the dwelling,

(c) administration of the receivership.

4. As soon as practicable after completion of his duties, the receiver shall render a full accounting to the court and, upon payment over of any surplus moneys to the owner or other persons as the court may approve or direct and upon the order of the court, he shall be relieved of any further responsibility or liability in connection with his receivership.

§ 1375. Enforcement agencies.

1. The commissioner's designee having jurisdiction, county and city commissioners of health and local housing code enforcement agencies designated by the commissioner's designee having jurisdiction or county or city commissioner of health shall have the same authority, powers and duties within their respective jurisdictions as has the commissioner under the provisions of this title.

2. The commissioner or his representative and an official or agency specified in subdivision one of this section may request and shall receive from all public officers, departments and agencies of the state and its political subdivisions such cooperation and assistance as may be necessary or proper in the enforcement of the provisions of this title.

3. Nothing contained in this title shall be construed to alter or abridge any duties and powers now or hereafter existing in the commissioner, county boards of health, city and county commissioners of health, the New York City department of housing preservation and development and the department of health, local boards of health or other public agencies or public officials, or any private party.

§ 1376-a. Sale of consumer products containing lead or cadmium.

1. In the absence of a federal standard for a specific type of product, the commissioner shall establish the maximum quantity of lead or cadmium (and the manner of testing therefor) which may be released from glazed ceramic tableware, crystal, china and other consumer products. Such maximum quantity shall be based on the best available scientific data and shall insure the safety of the public by reducing its exposure to lead and cadmium to the lowest practicable level. The commissioner may amend such maximum quantity (and the manner of testing therefore) where necessary or appropriate for the safety of the public. Until such maximum quantity of lead or cadmium established by the commissioner is effective, no glazed ceramic tableware shall be offered for sale which releases lead in excess of 7 parts per million, or cadmium in excess of .5 parts per million.

2. The commissioner is hereby empowered to order the recall of or confiscation of glazed ceramic tableware, crystal, china or other consumer products offered for sale which do not meet the standards set forth in or pursuant to this section.

3. The commissioner of health may waive the provisions of this section in whole or in part upon a finding by the commissioner in a particular instance that there is no significant threat to the public health; with respect to miniatures the commissioner shall do so, on terms and conditions he or she shall establish, upon a final judicial or administrative finding that there is no immediate public health threat in that instance.

Appendix B.
NYS Lead Poisoning Prevention Regulations

Appendix B.
NYS Lead Poisoning Prevention Regulations

Effective Date: 12/22/93
Title: SubPart 67-1 - Screening and Follow-Up

SUBPART 67-1
Screening and Follow-Up
Statutory Authority: Public Health Law, section 206 and Title X of Article 13

SEC.

67-1.1 Definitions
67-1.2 Lead screening and follow-up of children by health care providers
67-1.3 Laboratory testing and specimen collection
67-1.4 Lead screening status of children who enroll in preschool or childcare
67-1.5 Lead screening and follow-up of pregnant women by prenatal care providers
67-1.6 Role of local health units

Effective Date: 12/22/93
Title: Section 67-1.1 - Definitions

Section 67-1.1 Definitions. The following definitions apply to this Part:

(a) "Anticipatory guidance" means providing parents or guardians of children under the age of six and pregnant women with information regarding the major causes of lead poisoning and means of preventing lead exposure. Such guidance shall be pertinent to the environment of the child or pregnant woman.

(b) "Certificate of lead screening" means documentation prepared by the health care provider who ordered the blood lead test for the child indicating the date the test was performed.

(c) "Confirmed blood lead level" means a blood lead concentration measured on venous blood.

(d) "Elevated blood lead level" means a blood lead concentration equal to or greater than 10 micrograms per deciliter of whole blood.

(e) "Environmental management" means environmental investigation and exposure assessment, sampling for lead, environmental testing and reporting, notice and demand of discontinuance of conditions conducive to lead poisoning, environmental intervention and abatement, and enforcement in accordance with Subpart 67-2.

(f) "Follow-up" means actions by local health units and health care providers which, depending on the blood lead level and exposure history of the child, shall include as appropriate: risk reduction education, follow-up testing, confirmatory testing, diagnostic evaluation, medical management, environmental management and case management, in accordance with generally accepted medical standards and public health guidelines.

(g) "Health care provider" means any health care practitioner who is authorized to order a blood lead test and any facility licensed pursuant to Article 28 of the Public Health Law.

(h) "Lead screening" means measuring lead concentration in whole blood to identify elevated blood lead levels.

Effective Date: 12/22/93
Title: Section 67-1.2 - Lead screening and follow-up of children by health care providers

67-1.2 Lead screening and follow-up of children by health care providers.

(a) Lead screening and follow-up of children by primary health care providers.

(1) At each routine well-child visit, or at least annually if a child has not had routine well-child visits, primary health care providers shall assess each child who is at least six months of age but under six years of age, for high dose lead exposure using a risk assessment tool based on currently accepted public health guidelines. Each child found to be at risk for high dose lead exposure shall be screened or referred for lead screening.

(2) Primary health care providers shall provide the parent or guardian of each child under six years of age anticipatory guidance on lead poisoning prevention as part of routine care.

(3) Primary health care providers shall screen or refer each child for blood lead screening, at or around one and two years of age, preferably as part of routine well child care.

(4) The Commissioner of Health may provide recommended alternative schedules for other high risk groups as deemed necessary.

(5) Each primary health care provider who screens a child for elevated blood lead levels shall explain the blood lead test results and give a certificate of lead screening to the parent or guardian of the child or other person authorized to consent for the medical care of the child.

(6) Primary health care providers shall provide or make reasonable efforts to ensure the provision of follow-up testing for each child with an elevated blood lead level in accordance with currently accepted medical standards and public health guidelines.

(7) Primary health care providers shall provide or make reasonable efforts to ensure the provision of risk reduction education and nutritional counseling for each child with an elevated blood lead level equal to or greater than 10 micrograms per deciliter of whole blood.

(8) Primary health care providers shall confirm blood lead levels greater then 15 micrograms per deciliter of whole blood obtained on a fingerstick specimen from a child using a venous blood sample.

(9) For each child who has a confirmed blood lead level equal to or greater than 20 micrograms per deciliter of whole blood, primary health care providers shall provide or make reasonable efforts to ensure the provision of a complete diagnostic evaluation; medical treatment, if necessary; and referral to the appropriate local or State health unit for environmental management. A complete diagnostic evaluation shall include at a minimum: a detailed lead exposure assessment, a nutritional assessment including iron status, and a developmental screening.

(10) Primary health care providers shall communicate and coordinate as appropriate with local health units to ensure that each child with an elevated blood lead level receives appropriate follow-up, as prescribed above in paragraphs (5) through (9) of this Section.

(b) Lead screening and follow-up of children by non-primary care providers.

(1) A health care provider that provides services to a child who is at least 6 months of age but under 6 years of age and who is not the child's ongoing primary care provider, such as a hospital inpatient facility, an emergency service if the child's condition permits, or other facility or practitioner which provides services to the child on a one-time or walk-in basis, shall inquire if the child has been appropriately assessed and screened for elevated blood lead levels in accordance with the schedule prescribed in paragraphs (1) and (3) of this subdivision.

(2) If the child has not received such appropriate lead screening, the health care provider shall screen the child for elevated blood lead levels, or refer the child to the child's primary health care provider or, if the child's primary care provider is unavailable or the child has no primary health care provider, to another primary health care provider, or to the local health unit to obtain a blood lead test.

(3) If screening is performed, the blood lead test result shall be sent to the child's primary care provider or to the local health unit to enable appropriate follow-up in accordance with paragraphs

(a)(5) through (9) of this section.

Effective Date: 12/22/93
Title: Section 67-1.3 - Laboratory testing and specimen collection

67-1.3 Laboratory testing and specimen collection.

(a) All blood lead tests shall be performed by a laboratory approved for toxicology-blood lead under Article 5, Title V of the Public Health Law.

(b) Venous blood is the preferred specimen for blood lead analysis and should be used for lead measurement whenever practicable.

(c) Fingerstick blood specimens are acceptable for lead screening if appropriate collection procedures are followed to minimize the risk of environmental lead contamination. Instructions regarding appropriate collection procedures for fingerstick specimens may be obtained from laboratories approved for toxicology-blood lead under Article 5, Title V of the Public Health Law.

Effective Date: 12/22/93
Title: Section 67-1.4 - Lead screening status of children who enroll in preschool or child

67-1.4 Lead screening status of children who enroll in preschool or child care.

(a) Prior to or within three months of initial enrollment, each child care provider, public and private nursery school and preschool, licensed, certified or approved by any State or local agency shall obtain a copy of a certificate of lead screening for any child at least one year of age but under six years of age, and retain such documentation until one year after the child is no longer enrolled.

(b) When no documentation of lead screening exists, the child shall not be excluded from attending nursery school, preschool or childcare, however, the child care provider, principal, teacher, owner or person in charge of the nursery school or preschool shall provide the parent or guardian of the child with information on lead poisoning and lead poisoning prevention and refer the parent or guardian to the child's primary health care provider or, if the child's primary care provider is unavailable or the child has no primary health care provider, to another primary care provider or to the local health unit to obtain a blood lead test.

(c) Each child care provider, public and private nursery school and pre-school licensed, certified or approved by any State or local agency is exempt from the requirement to obtain, prior to or within three months of initial enrollment of children under six years of age, evidence that said children have been screened for elevated blood lead levels until April 1, 1994.

Effective Date: 12/22/93
Title: Section 67-1.5 - Lead screening and follow-up of pregnant women by prenatal providers

Part 67-1.5 Lead screening and follow-up of pregnant women by prenatal care providers.

(a) Prenatal health care providers shall provide each pregnant woman anticipatory guidance on lead poisoning prevention during pregnancy, and shall assess each pregnant woman at the initial prenatal visit for high dose lead exposure using a risk assessment tool. A risk assessment tool shall be recommended by the State Commissioner of Health.

(b) Prenatal health care providers shall screen or refer for blood lead screening each pregnant woman found to be at risk for current high dose lead exposure.

(c) Prenatal health care providers shall provide each pregnant women, who has a confirmed blood lead level equal to or greater than 10 micrograms per deciliter of whole blood, risk reduction counselling in accordance with guidelines recommended by the State Commissioner of Health.

(d) Prenatal care providers shall refer each pregnant woman, who has a confirmed blood lead level equal to or greater than 10 micrograms per deciliter of whole blood and who may have been occupationally exposed to lead, to an occupational health clinic for individual guidance.

(e) Prenatal care providers shall provide anticipatory guidance to each woman at her postpartum visit on the prevention of childhood lead poisoning.

Effective Date: 12/22/93
Title: Section 67-1.6 - Role of local health units.

67-1.6 Role of local health units.

(a) Local health units shall provide public and professional education and community outreach on lead poisoning prevention.

(b) Local health units shall provide blood lead screening or arrange for blood lead screening for each child who requires screening as provided in section 67-1.4 of this Subpart and whose parent or guardian is unable to obtain a lead test for their child because the child is uninsured or the child's insurance does not cover lead screening.

(c) Local health units shall establish a sliding fee schedule for blood lead screening of children from families with incomes in excess of 200% of the federal poverty level, pursuant to Section 606 of the Public Health Law, and shall collect fees for blood lead testing from third party payors, when available.

(d) Local health units shall provide environmental management as required under this Part.

(e) Local health units shall provide data to identify exposure patterns and high risk populations for strategic planning for lead poisoning prevention at the State and local level.

(f) Local health units shall institute measures to identify and track children with elevated blood lead levels to assure appropriate follow-up.

(g) Local health units who serve as a child's primary health care provider shall carry out activities in accordance with paragraphs (1) through (9) of section 67-1.2(a).

Appendix C.
State Health Department Program Contacts

Appendix C.
State Health Department Program Contacts

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Center for Environmental Health
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Rochester, New York 14604-2127

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NYSDOH - Central New York Field Office
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Appendix D.
Regional Lead Resource Centers

Appendix D.
Regional Lead Resource Centers

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WNY Regional Lead Resource Center
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LONG ISLAND REGIONAL POISON CONTROL CENTER at **WINTHROP UNIVERSITY HOSPITAL**
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Appendix E
County Lead Poisoning Prevention Contacts

Appendix E
Childhood Lead Poisoning Prevention
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Broome County Health Department Lead Program 225 Front Street Binghamton, NY 13905	**Program Director/Coordinator** Robert W. Denz, PE, Dir, Env Hlth 607/778-2887 Fax: 607/778-3912
Cattaraugus County Health Department Lead Program 1701 Lincoln Avenue Suite4010 Olean, NY 14760	**Program Director/Coordinator** Susan Andrews 716/373-8050 Fax: 716/375-5994
Cayuga County Health Department Lead Program 160 Genesee Street Auburn, NY 13021	**Program Director/Coordinator** Kathleen Cuddy 315/253-1447 315/253-1454 Fax: 315/253-1156
Chautauqua County Health Department Lead Program Seven North Erie Street Mayville, NY 14757	**Program Director/Coordinator** Marcia Clark, DCHN 716-753-4491 Fax: 716-753-4794
Chemung County Health Department Lead Program 103 Washington Street Elmira, NY 14902-0588	**Program Director/Coordinator** Virginia Herrick, Clinical Coord 607-737-2028 Fax: 607-737-2016
Chenango County Health Department Lead Program 5 Court Street Norwich, NY 13815	**Program Director/Coordinator** Marianne C. Kirsch, DPS 607-337-1660 Fax: 607-737-1709
Clinton County Health Department Lead Program 133 Margaret Street Plattsburgh, NY 12901	**Program Director/Coordinator** Laurie Eamer 518-565-4848 Fax: 518-565-4821
Columbia County Health Department Lead Program 71 N Third Street Hudson, NY 12534	**Program Director/Coordinator** Marcia Fabiano, RN, MS, Epidem 518/828-3358 X:252 Fax: 518/828-0124
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Appendix F.
County Early Intervention Program Contacts

Appendix F.
County Early Intervention Program Contacts

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Appendix G.

Order Form for Educational Materials

Appendix G.

NEW YORK STATE DEPARTMENT OF HEALTH
LEAD POISONING PREVENTION
PUBLIC & PROFESSIONAL EDUCATIONAL MATERIALS

DESCRIPTION	TYPE	CODE # / LANGUAGE
Leo the Lion Learns How to Get Ahead of Lead	Coloring Book	2528 English
Get The Lead Out of Drinking Water	Pamphlet	2508 English
If You Have a Baby, Get Ahead of Lead	Pamphlet	2513 English 2514 Spanish
If You Have Children, Get Ahead of Lead	Pamphlet	2515 English 2516 Spanish
If You're Pregnant, Get Ahead of Lead	Pamphlet	2511 English 2512 Spanish
Lead Poisoning Prevention Guidelines for Prenatal Care Providers	Booklet	2535 English
Lead Screening Certificate	Certificate	2519 English/Spanish
Leo the Little Lion Learns How to Get Ahead of Lead	Story Booklet Coloring Book	2533 English 2528 Spanish
Feed your Family the Right Foods to Get Ahead of Lead	Poster	2524 English 2525 Spanish
Get Ahead of Lead	Countercard	2537 English
Get Ahead of Lead	Mini-poster	2536 English
Get Ahead of Lead! Get Tested!	Sticker	English
NYS Department of Health Publications Catalogue (see Form on the Next Page for Ordering Materials)	Booklet	4208 English
Physician Reference Card	8 ½ x 11 inches	2509 English
Physician Reference Card	Pocket Size	2510 English
Protect Your Children From Lead Poisoning and Get Ahead of Lead	Poster	2522 English 2523 Spanish
Reducing Lead Hazards When Remodeling Your Home	Booklet	2538 English
What Child Care Providers Need to Know About Lead	Pamphlet	2517 English
What Home Owners Need to Know About Removing Lead-Based Paint	Pamphlet	2502 English
What Your Child's Blood Lead Test Means	Pamphlet	2526 English 2527 Spanish

INSTRUCTIONS FOR ORDERING

- **Limited quantities are available free of charge to New York State residents.**
- ***No more than 10 different publications may be ordered at one time!***
- **Please make sure your complete address is included.**
- **Bulk orders cannot be delivered to post office box numbers.**
- **Allow at least three weeks for delivery.**
- **Use the form on the next page to place your order. Please photocopy if you anticipate future orders.**

Mail to completed form to:
Publications
New York State Department of Health
Box 2000
Albany, New York 12220

This is your mailing label. Please type or print clearly.

NYS Department of Health
Box 2000
Albany NY 12220

Name: _____

Organization: _____

Street Address: _____

_____

Publications Ordered: (No more than ten publications per order, please.)

Title of Publication	Code Number/Language	Quanity Ordered
1.		
2.		
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Appendix H.

New York City Department of Health
Press Release on 1996-2000 Childhood Lead Poisoning Prevention Program Data

Appendix H.
New York City Department of Health
Press Release on 1996-2000 Childhood Lead Poisoning Prevention Program Data

DRAFT
Blood lead level surveillance in New York City children

Summary
Between 1996 and 1999, there was a dramatic decline in childhood lead poisoning in New York City. The numbers of newly identified children, ages 6 months to less than 6 years, with blood lead levels (venous or capillary) 10 Fg/dL or higher declined 51% (from 14,109 to 6,861); and the number with venous blood lead levels 20 Fg/dL or higher, declined 44% (from 1,265 to 707).

The number of children with elevated blood lead levels declined even as the number of children tested has remained more or less constant. On average, between 1995 and 1996, 48% of children ages 6 months to less than 6 years were tested in New York City (annually, approximately 319,000 children were tested).

Description of the data tables
The following data come from the NYC Department of Health, Lead Poisoning Prevention Program (LPPP) database.

The tables are:
NYC zip code summary tables, children 6 months to less than 6 years, for calendar years 1996-1999
NYC borough summary tables, ages 6 months to less than 6 years, for calendar years 1996-1999.

The number of tests represents preliminary data which are being reviewed for final counts. The data were prepared in April, 2001; the numbers may change since LPPP's database is 'live'; new information obtained can change a case's status and duplicate records may be identified.

A large number of lab test records had incomplete address information; these records were only able to be assigned to a borough, not to a zip code/neighborhood. Thus, the borough totals are higher in the borough summary tables than in the zip code summary tables.

Definition of tests and population
Number of tested children are the number of children who receive at least one blood lead test (venous or capillary) within a year. Only one test per child is represented in a year (whether or not they were tested in previous years). The test-date is based on the date the blood sample was collected; if the date the blood sample was collected is missing, then the test-date is based on the date NYC-DOH receives the blood test result.

Elevated blood lead levels (blood lead levels >= 10 Fg/dL) are chosen using a hierarchy where a venous draw takes precedence over a capillary draw; additionally, the highest blood lead level is selected for each child in the specified year.

The definition for cases at the environmental intervention blood lead level (EIBLL) has changed over the years. Between 1993 and 6/30/99, EIBLL cases were defined as a venous blood lead level >= 20 Fg/dL; from 7/1/99 to present, EIBLL cases have been defined as either (a) at least one venous blood lead level >= 20 Fg/dL or (b) at least two venous blood lead levels 15-19 Fg/dL that were drawn at least 3 months apart. The tables include incidence venous blood lead levels >= 20 Fg/dL so that high blood lead levels can be compared across all years.

Population is the population count of children (ages 6 months to less than 6 years) born and residing in New York City, based on annual birth cohort data from the NYC-DOH Office of Vital Statistics. 1998 is the latest year for which the child population has been calculated, thus, the population numbers for 1998 and 1999 are the same.

Description of geographic units
The zip code list was prepared by the NYC Department of City Planning and by the NYC-DOH Office of Data Management and Analysis. Records that had zip codes different from this list were placed into the zip code

category "unknown/invalid."

Beginning in 1982, the United Hospital Fund (UHF) has categorized NYC neighborhoods into 38 communities. The UHF communities are aggregates of zip codes though not all NYC zip codes have been assigned to a UHF neighborhood.

Childhood Lead Poisoning: Tests, Elevated Blood Lead Levels, and Lead Poisoned Cases, By Borough
New York City, Calendar Year 1996-1999[1]
Age 6 months to less than 6 years

Number of tested children (venous and capillary tests)[2]					Number of Children in the Population[3]			
	1996	1997	1998	1999	1996	1997	1998	1999
All NYC	**339,252**	**333,867**	**306,401**	**296,727**	**683,086**	**670,302**	**658,202**	**658,202**
Unknown Boro/Zip	**8,581**	**6,322**	**860**	**337**	**3,291**	**2,315**	**1,621**	**1,621**
Manhattan	**52,011**	**53,263**	**50,202**	**46,017**	**114,135**	**136,024**	**109,550**	**109,550**
Bronx	**80,225**	**76,374**	**67,676**	**66,526**	**134,527**	**120,692**	**127,301**	**127,301**
Brooklyn	108,520	107,542	101,812	99,636	236,975	206,520	227,242	227,242
Queens	77,151	78,234	74,245	72,373	160,558	163,474	160,062	160,062
Staten Island	12,764	12,132	11,606	11,838	33,601	41,278	32,427	32,427
Percent of children tested (number tested[2]/100 population[3])					**Prevalence, blood lead level $10Fg/dL (venous and capillary)**			
All NYC	49.7%	49.8%	46.6%	45.1%	18,493	15,048	12,811	9,541
Unknown Boro	---	---	---	---	386	207	40	15
Manhattan	45.6%	39.2%	45.8%	42.0%	2,419	2,104	1,738	1,211
Bronx	59.6%	63.3%	53.2%	53.2%	3,729	2,721	2,390	1,721
Brooklyn	45.8%	52.1%	44.8%	43.8%	7,991	6,656	5,768	4,413
Queens	48.1%	47.9%	46.4%	45.2%	3,495	3,082	2,600	1,948
Staten Island	38.0%	29.4%	35.8%	36.5%	473	278	275	233

[1]The data were prepared in April 2001; the numbers may change since LPPP's database is "live"; new information obtained can change a case's stus and duplicate records may be found.

[2]The number of tests represents preliminary data which are being reviewed for final counts.

[3]Population is the population count of children (ages 6 months to less than 6 years) born and residing in NYC, based on annual birth cohort data from the NYC-DOH Office of Vital Statistics. 1998 is the last year for which the child population has been calculated, thus, the population numbers for 1998 and 1999 are the same.

Incidence, blood lead level $10 Fg/dL (venous and capillary)					Incidence, blood lead level $20 Fg/dL (venous)			
	1996	1997	1998	1999	1996	1997	1998	1999
All NYC	14,109	11,485	9,529	6,861	1,265	1,047	944	707
Unknown Boro/Zip	255	172	37	11	---	---	---	---
Manhattan	1,976	1,811	1,446	986	109	91	77	52
Bronx	3,036	2,114	1,784	1,250	217	188	177	117
Brooklyn	5,671	4,731	4,006	2,985	592	471	438	342
Queens	2,789	2,444	2,034	1,452	305	264	229	173
Staten Island	382	213	222	177	42	33	23	23
Incidence, environmental intervention level (EIBLL)[4]					**Incidence case rates for blood lead level $10 Fg/dL (venous and capillary)/1000 tested**			
All NYC	1,265	1,047	944	769	41.59	34.40	31.10	23.12
Manhattan	109	91	77	58	37.99	34.00	28.80	21.43
Bronx	217	188	177	128	37.84	27.68	26.36	18.79
Brooklyn	592	471	438	368	52.26	43.99	39.35	29.96
Queens	305	264	229	191	36.15	31.24	27.40	20.06
Staten Island	42	33	23	24	29.93	17.56	19.13	14.95
Incidence case rates, blood lead level $20 Fg/dL (venous)/1000 tested					**Incidence case rates for EIBBL[4]/1000 tested**			
	1996	1997	1998	1999	1996	1997	1998	1999
All NYC	3.73	3.14	3.08	2.38	3.73	3.14	3.08	2.59
Manhattan	2.10	1.71	1.53	1.13	2.10	1.71	1.53	1.26
Bronx	2.70	2.46	2.62	1.76	2.70	2.46	2.62	1.92
Brooklyn	5.46	4.38	4.30	4.43	5.46	4.38	4.30	3.69
Queens	3.95	3.37	3.08	2.39	3.95	3.37	3.08	2.64
Staten Island	3.29	2.72	1.98	1.94	3.29	2.72	1.98	2.03

[4]Newly indentified children at the environmental intervention blood level: 1993 - 06/30/99: venous blood lead level $20 Fg/dL; 07/01/99 - present: venous blood lead level $20 Fg/dL or two venous blood lead levels 15-19 Fg/dL at least 3 months apart.